

# 2015-2019 Final Report



June 28, 2019

For the Children's Bureau  
of the Administration on Children and Families



## Table of Contents

Acronyms.....	3
<b>Chapter 1 – General Information.....</b>	<b>6</b>
State Agency Administering Programs .....	6
Collaboration.....	7
<b>Chapter 2 - Assessment of Performance.....</b>	<b>11</b>
Child and Family Outcomes .....	11
Systemic Factors .....	30
Statewide Information Systems.....	30
Case Review System.....	31
Quality Assurance System.....	41
Staff and Provider Training .....	44
Service Array and Resource Development.....	47
Agency Responsiveness to Community .....	50
Foster Parent Licensing Retention and Recruitment.....	54
<b>Chapter 3 – Plan for Improvement.....</b>	<b>60</b>
<b>Chapter 4 – Update on Service Description.....</b>	<b>75</b>
A. Safety Intervention Services.....	75
B. Permanency Services.....	97
Populations at Greatest Risk of Maltreatment.....	111
C. Well-Being Services.....	116
Title IV-B Federal Fiscal Year Programs.....	128
D. Chafee Foster Care Independence Program (CFCIP).....	131
Education and Training Voucher Program.....	141
<b>Chapter 5 – Program Support.....</b>	<b>144</b>
Learning and Professional Development .....	144
Research Partners.....	152
<b>Chapter 6 – Consultation and Coordination Between States and Tribes .....</b>	<b>157</b>
<b>Chapter 7 – Monthly Caseworker Visit Formula Grants .....</b>	<b>160</b>
<b>Chapter 8 – Adoption and Legal Guardianship Incentive Payments.....</b>	<b>161</b>
<b>Chapter 9 – Child Welfare Waiver Demonstration Activities.....</b>	<b>163</b>
Alcohol and other Drug Abuse Title IV-E Waiver .....	163
IB3 Research Project.....	165
<b>Chapter 10 - Quality Assurance/Continuous Quality Improvement.....</b>	<b>170</b>
<b>Chapter 11 – Financial Information.....</b>	<b>176</b>
<b>Addenda –</b>	
<b>A</b> Training Plan	
<b>B</b> Disaster Plan	
<b>C</b> Healthcare Oversight and Coordination Plan	
<b>D</b> Diligent Recruitment of Foster and Adoptive Homes	
<b>E</b> CAPTA	
<b>F</b> Citizen Review Panel	

## Acronyms

<b>Acronym</b>	<b>Translation</b>
ACF	Administration for Children and Families
ACR	DCFS Administrative Case Review
AFCARS	Adoption and Foster Care Analysis and Reporting System
ASFA	Adoption and Safe Family Act
AIP	AFCARS Improvement Plan
AOIC	Administrative Office of the Illinois Courts
APT	Agency Performance Team
BMN	Beyond Medical Necessity
BSF	Be Strong Families
CAC	Children's Advocacy Centers
CANS	Child and Adolescents Needs and Strengths
CAP	Community Assistance Programs
CAPTA	Child Abuse and Prevention Treatment Act
CASA	Court Appointed Special Advocate
CAYIT	Child and Youth Investment Teams
CBCAP	Community-Based Child Abuse Prevention
CCAC	Chicago Children's Advocacy Center
CCA-I	Child Care Association of Illinois
CCC	Continuity of Care Center
CCPP	Community College Payment Program
CDRT	Child Death Review Team
CERAP	Child Endangerment Risk Assessment Protocol
CFCIP	Chafee Foster Care Independence Program
CFRC	Children & Families Research Center
CIPAC	Court Improvement Program Advisory Committee
CIPP	Clinical Intervention for Placement Preservation
CLSA	Casey Life Skills Assessment
COA	Council on Accreditation
CPCT	Child Protection Circuit Teams
CPDC	Child Protection Data Courts Project
CQI	Continuous Quality Improvement
CRMR	Case Review Monthly Roster
CSSP	Center for the Study of Social Policy
CWAC	Child Welfare Advisory Council
CWEL	Child Welfare Employee Licensure
CYCIS	Child and Youth Centered Information System
DASA	DHS Division of Alcoholism and Substance Abuse
DCFS	Illinois Department of Children & Family Services
DHR	Illinois Department of Human Resources
DHS	Illinois Department of Human Services
DHS/DD	DHS Office of Developmental Disabilities
DMH	DHS Division of Mental Health
DQE	Division of Quality Enhancement
DVIP	DCFS Domestic Violence Intervention Program
EAP	Educational Access Project
EFSP	Extended Family Support Program
ETV	Education and Training Voucher

Illinois Department of Children and Family Services  
2015-2019 Final Report

FAC	Family Advocacy Centers
FCURP	Foster Care Utilization Review Program
FISP	Field Implementation Support Program
FOIA	Freedom of Information Act
FPSS	DCFS Foster Parent Support Specialist
FTS	DCFS Family-Centered, Trauma-Informed, Strength-Based
GAL	Guardian ad Litem
HMR	Home of Relative
IB3	Illinois Birth to Three Waiver
ICC	Interagency Coordinating Council
ICPC	Interstate Compact on the Placement of Children
ICWA	Indian Child Welfare Act
IF/R	Intact Family Recovery
IIAA	Illinois Inter-Agency Athletic Association
ILO	Independent Living Option
IPS	Intensive Placement Stabilization
ISBE	Illinois State Board of Education
LOS	Length of Stay
MAC	Maintaining Adoption Connections
MARS	Management Accounting and Reporting System
MCH	Maternal and Child Health
MIECHV	Maternal Infant Early Childhood Home-Visiting
MPEEC	Multidisciplinary Pediatric Education and Evaluation Consortium
MY TIME	Mentoring Youth to Inspire Meaningful Employment
NCTSN	National Child Trauma Stress Network
NPP	Nurturing Parenting Program
OCFP	DCFS Office of Child & Family Policy
OER	Outcome Enhancement Review
OETS	DCFS Office of Education and Transition Services
OIG	DCFS Office of the Inspector General
OITS	DCFS Office of Information Technology Services
PAS	Permanency Achievement Specialists
PAT	Parenting Assessment Team
PEP	Permanency Enhancement Program
PHP	Psychiatric Hospital Program
PII	Permanency Innovations Initiative
PIP	Program Improvement Plan
POS	Purchase of Service
PRIDE	Parent Resources for Information, Development, and Education
RYAB	Regional Youth Advisory Boards
SACWIS	DCFS Statewide Automated Child Welfare Information System
SAF	Substance-Affected Families
SCAN	Statewide Committee on Child Abuse and Neglect
SOC	System of Care
SPD	Statewide Provider Database
STEP	Supervisory Training to Enhance Practice
SYAB	Statewide Youth Advisory Board
TARGET	Trauma Affect Regulation, Guidance for Education and Therapy
TFFH	Treatment Foster Family Home
TI-EBP	Trauma-Informed Evidenced Based Practices
TLP	Transitional Living Program

Illinois Department of Children and Family Services  
2015-2019 Final Report

TPR	Termination of Parental Rights
TPSN	Teen Parent Services Network
TRPMI	Therapeutic Residential Performance Monitoring Initiative
UIR	Unusual Incident Report
YHAP	Youth Housing Assistance Program

**Additional frequently used terminology:**

Abbreviations	What they mean
DCFS, IDCFS, The Department	Illinois Department of Children and Family Services
P 300, Procedures 300	Child Protection procedures/processes
P 315, Procedures 315	Permanency Planning procedures/processes
POS, private agencies	Purchase of Service, our private agency partners

## Chapter 1 – General Information

### **State Agency Administering Programs**

Illinois' Department of Children and Family Services (DCFS) is the state agency designated to administer and supervise the administration of child welfare services, Title IV-B, subpart 1 and 2 and the Title IV-E of the Social Security Act. In addition, the Department is designated to administer the Chafee Foster Care Independence Program and the Child Abuse Prevention Treatment Act.

DCFS provides comprehensive social services and child welfare programs that include protective services, protective child care, family services, foster care and adoption. In addition, DCFS licenses and monitors all Illinois child welfare agencies and more than 14,000-day care centers, homes, group homes and day care agencies in the state.

The Department of Children and Family Services (DCFS) consists of a central office, and four regions, Cook County, Northern, Central and Southern. Each region is divided into field service areas. The general statewide management and support functions of the agency, are currently performed at the central office level. The State Central Register (which includes the child abuse hotline) is also a central office function.

Unique to Illinois is the volume of care provided by private agencies. More than 85% of the care and services offered to Illinois child welfare cases are provided by the Private sector. Private agencies provide services via contracts with DCFS. DCFS selects community-based agencies and organizations to provide a full continuum of services.

An array of service provision is available for children and families. DCFS makes contract dollars available to private agencies to provide day to day operations. Day to day operations include case management services, family preservation and support services, family foster care, kinship care, adoption, respite care, institutional care, group care, independent living skills and transitional living skills. This arrangement allows voluntary agencies to assume the traditional responsibilities of the state, while keeping ultimate responsibility and oversight with DCFS and the Illinois General Assembly.

Illinois experienced a number of factors throughout the period of the 2015-2019 Child and Family Service Plan (CFSP) that had an impact on performance. Noticeably affected have been the systemic factors that drive and support the practice and the initiatives meant to improve the performance and outcomes. Illinois continues to feel the impact of a state budget impasse, where the state did not have a budget for over two years. Human services, in general and not just child welfare, experienced budget deficits, and in the case with many providers, had to discontinue providing services. In addition, and like much of social services in the nation, Illinois is addressing workforce challenges in both the state agency and the contracted providers. In light of challenges that DCFS has experienced in the previous 5 years, the Illinois Governor appointed a new DCFS director and added Governor support for an increase to the DCFS budget. As the Illinois Child Welfare community of DCFS, private agencies, judicial partners, university partners, community providers and many more stakeholders to the child welfare system, continue the development and work of the Program Improvement Plan (PIP) and a new 5-year Strategic CFSP, there is renewed energy for safety, early and often engagement with families and rigorous ongoing training and support for staff.

Illinois Department of Children and Family Services  
2015-2019 Final Report

Link to the DCFS Organizational Chart:

[https://www2.illinois.gov/dcfs/aboutus/director/documents/dcfs\\_orgchart.pdf](https://www2.illinois.gov/dcfs/aboutus/director/documents/dcfs_orgchart.pdf)

Link to 2019 APSR:

[https://www2.illinois.gov/dcfs/aboutus/newsandreports/Documents/APSR\\_FY19.pdf](https://www2.illinois.gov/dcfs/aboutus/newsandreports/Documents/APSR_FY19.pdf)

## **Mission, Vision and Values**

Mission: To promote prevention, child safety, permanency and well-being. We bring the voices of Illinois children and families to the forefront, building trusting relationships that empower those we serve.

Vision: Communities strengthening families to ensure every child is safe, healthy and productive at home and in school.

Values:

We value Trust.

We value Compassion.

We value Accountability.

We value Responsiveness, Relationships and Respect.

We value Empathy.

We value Safety.

## **Collaborations**

DCFS has long standing collaborations with a number of agencies and entities across the State. In preparing for the CFSR (Child and Family Services Review) numerous private child welfare agencies, court systems, federal partners, service providers, biological, foster and adoptive parents, and youth were called upon to participate. In the year that has passed since the Review, these groups and individuals have continued to be active partners as our work together has involved the Illinois PIP (Program Improvement Plan), the BH Implementation Plan, the FFPSA (Family First Prevention Services Act), as well as other endeavors. A description of some of these collaboration efforts will begin below. Others will be found in the following chapters.

## **Administrative Office of the Illinois Courts (AOIC)**

The AOIC and IDCFS continued to strengthen their collaborative relationship during the report period. In particular, IDCFS leadership and judges had increase opportunity for enhanced communication through AOIC judicial trainings, IDCFS Summits and Title IV-E Review follow up activities. IDCFS representatives continue to serve on the Court Improvement Program (CIP) Advisory Committee which helps to shape the priorities of the CIP as well as on the Child Protection Data Courts Project site teams and local action teams. AOIC and IDCFS will continue to work together addressing issues of timely permanency and early engagement of parties

through the joint projects, the CFSR PIP and implementation of the Family First Prevention Services Act.

## **BH Consent Decree**

In April 2015, the Court appointed a panel of experts to evaluate the services and placements provided to plaintiff class members with psychological, behavioral or emotional challenges. In July 2015, the Expert Panel submitted a report to the Court outlining specific findings and making six recommendations for systemic change at DCFS. In October 2015, the Court adopted the Expert Panel's findings, subject to certain revisions, and reappointed an Expert Panel. The B.H. Implementation Plan was submitted to the Court on February 23, 2016, and sets forth the specific steps DCFS and stakeholders will take to begin addressing the six recommendations and the specific needs of children and youth in care with psychological, behavioral or emotional challenges. The BH recommendations are as follows:

Recommendation #1: Institute a children's system of care demonstration program that permits POS agencies and DCFS sub-regions to waive selected policy and funding restrictions on a trial basis in order to reduce the use of residential treatment and help children and youth succeed in living in the least restrictive, most family-like setting.

Recommendation #2: Engage DCFS offices and community stakeholders in a staged 'immersion' process of retraining and coaching front-line staff in a cohesive model of practice that provides children and their families with access to a comprehensive array of services, including intensive home-based services, designed to enable children to live with their families.

Recommendation #3: Fund a set of permanency planning initiatives to improve permanency outcomes for adolescents who enter state custody at age 12 or older either by transitioning youth to permanent homes or preparing them for reconnecting to their birth families reaching adulthood.

Recommendation #4: Retain an organizational consultant to aid the Department in "rebooting" a number of stalled initiatives that are intended to address the needs of children and youth with psychological, behavioral or emotional challenges.

Recommendation #5: Restore funding for the Illinois Survey of Child and Adolescent Wellbeing that uses standardized instruments and assessment scales modeled after the national Survey of Child and Adolescent Wellbeing to monitor and evaluate changes in the safety, permanence, and well-being of children for a representative sample of DCFS-involved children and their caregivers.

Recommendation #6: The implementation plan will provide for the Department to contract with an external partner to perform an effective residential and group-home monitoring program. The Department shall use an external partner for that function until such time as the Department has sufficient staff with the necessary experience and clinical expertise to perform the function internally and further has developed an in-house program that can monitor residential and group-home placements effectively.

Within these 6 recommendations, there are multiple projects that DCFS and community partners continues to implement and evaluate whether they are meeting desired outcomes for children and youth in the class. The Federal judge, Hon. Jorge L. Alonso, hears the BH Consent Decree at

Illinois Department of Children and Family Services  
2015-2019 Final Report

least annually. DCFS also interfaces with the BH Experts, Dr. Mark Testa and Marci White, and the Plaintiffs' attorneys to review progress towards implementation and evaluate outcomes on a regular basis.

Each project in the BH Implementation Plan has an assigned project manager. Contracts were developed with various vendors to assist DCFS project managers with implementation. DCFS collaborates with youth in care, private child welfare providers, courts, other state agencies, law enforcement, hospitals and community-based service providers in the implementation of the plan. Many of the projects are being formally evaluated by University partners.

In December 2018, retired judge, the Hon. Geraldine Soat Brown, was appointed as a Special Master in the BH Consent Decree. The Special Master's role is to facilitate the exchange of information between parties and to resolve disputes. In January 2019, the parties began meeting regularly with Judge Brown. At this time, there is not a specified end date to Judge Brown's appointment.

The work associated with the BH Implementation Plan will be ongoing until such time as Illinois child welfare can show improvement in the agreed upon outcome measures. Six of the safety, permanency and wellbeing outcome measures, currently utilized by the federal government in the Child and Family Service Review (CFSR) to assess progress for children and youth in the class, are being used to measure BH Plan outcomes. Wellbeing measures developed by the Illinois Child Welfare Advisory Committee (CWAC) Sub-Committee on Wellbeing are also being used:

- Maltreatment in Foster Care
- Permanency in 12 months for children entering foster care
- Permanency in 12 months for children in foster care 12 to 23 months
- Permanency in 12 months for children in foster care 24 months or more
- Placement Stability
- Re-entry to foster care in 12 months
- Health and educational wellbeing indicators

There is alignment between Illinois' PIP for the CFSR and the BH Implementation Plan. One of the key permanency strategies included in the PIP is the implementation of the Core Practice Model (CPM) throughout the state. While the CPM is currently being implemented in the 4 Immersion Sites and the Southern Region, the plan is to achieve statewide implementation by 2020. Given the current challenges with implementation, however, the target completion date will need to be reassessed. Another key permanency strategy in the PIP that aligns with the BH Implementation Plan is the use of Subsidized Guardianship as the first permanency option once reunification is ruled out. This strategy may also require addressing adaptive challenges (attitudes, assumptions, etc) before systemwide improvement can be seen.

As it relates to Family First, both Traditional Residential Monitoring and TRPMI (Therapeutic Residential Performance Monitoring Initiative) will be significantly impacted. Currently there are various workgroups meeting to determine statewide readiness and to plan for implementation.

**Advisory Board Portal:**

A one-stop centralized digital hub was created for DCFS Advisory Boards and Councils with the help of OITS/DoIT. The purpose of this portal is to ensure compliance with the Open Meetings Act, ethics training and facilitate greater collaboration between advisory groups and Illinois child welfare leadership. The goal of the Advisory Portal will help eliminate information “silos” and increase transparency. The portal is designed to be internal and external facing, with the internal site for internal stakeholders only, and the external site to be fed by uploaded information provided by each advisory board, giving boards the control to share information with external stakeholders. More information regarding Advisory Boards and Councils can be found in Chapter 2.

## Chapter 2 – Assessment of Performance

### Child and Family Outcomes

#### NOTES:

*During the 2015-2019 CFSP, DCFS has experienced change in directors and executive leadership. The Plans for Improvement identified in the 2015-2019 CFSP were developed under the leadership of an Acting Director (Gregg) who was not in place at the time the CFSP was submitted.*

*During the 2015 – 2019 CFSP period, Illinois adjusted its Outcome Enhancement Review (OER) process to align it with CFSR Round 3 changes. Illinois chose to use the federal Onsite Review Instrument (OSRI) as its main review tool for the OER, and the federal Online Monitoring System (OMS) as its database to ensure that the state was using completely comparable tools.*

*During this 2015 – 2019 CFSP period, Illinois completed several case reviews using the OSRI, and completed it's 2018 CFSR (Round 3): In 2016, a total of 100 cases were reviewed (70 Foster Care; 30 In-Home); in 2017, a total of 54 cases were reviewed (43 Foster Care; 11 In-Home; in 2018, 65 were reviewed as part of Illinois' Traditional CFSR Round 3 (40 Foster Care; 25 In-Home) and 7 cases (4 Foster Care; 3 In-Home) were reviewed post-CFSR.*

*In 2018 and 2019, in terms of its data collection processes that mimic the CFSR, Illinois has been focused on:*

- 1) training reviewers and (review) QA staff on the OSRI and supporting tools to maximize accuracy and consistency during the PIP Baseline (and beyond; this has included the enhancement of the Initial QA/Coach" function),*
- 2) developing "Supplemental Questions" (as a complimentary tool to the OSRI; also stand-alone) to assess the quality of specific practices of interest to the state (Child and Family Team Meetings, Transition Planning, and Supervision). See copies of the Supplemental Questions as Attachment A to this document, beginning on page 182, and*
- 3) developing an (unofficially) approved PIP Measurement Plan (Baseline, 2-year PIP Implementation Period, and non-overlapping year as needed)*

### **A. Safety**

**SAFETY OUTCOMES:** *Children are first and foremost protected from abuse and neglect (S1), and Children are safely maintained in their homes whenever possible and appropriate (S2).*

Outcome Enhancement Review<sup>1</sup> (OER) data for Outcome S1 and S2 during the 2015-2019 CFSP indicates differences in performance before and after the federal CFSR, which is attributable to the state's interpretation and application of the OSRI:

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<sup>1</sup> The Outcome Enhancement Review (OER) is Illinois' internal qualitative case record review process that mimics the federal CFSR.

Illinois Department of Children and Family Services  
2015-2019 Final Report

 <b>2016 - 2018 STATE Data</b>	2016 TOTALS: 70 Foster Care 30 In-Home (100 Total)			2017 Running Totals: 43 Foster Care 11 In-Home (54 Total)			2018 IL CFSR: 40 Foster Care 25 In-Home (65 Total)			2018 OER Plus: 4 Foster Care 3 In-Home (7 Total)		
	COMBINED DATA			COMBINED DATA			COMBINED DATA			COMBINED DATA		
	%SA/S	#Substantially Achieved/ Strength	#Applicable	%SA/S	#Substantially Achieved/ Strength	#Applicable	%SA/S	#Substantially Achieved/ Strength	#Applicable	%SA/S	#Substantially Achieved/ Strength	#Applicable
<b>Outcome S1, CHILDREN ARE FIRST AND FOREMOST PROTECTED FROM ABUSE AND NEGLECT</b>	100.00%	42	42	100.00%	30	30	92.86%	26	28	83.33%	5	6
<b>Outcome S2: CHILDREN ARE SAFELY MAINTAINED IN THEIR HOMES WHENEVER POSSIBLE AND APPROPRIATE</b>	76.00%	76	100	79.63%	43	54	50.77%	33	65	57.14%	4	7

## Outcome S1: Children are First and Foremost Protected from Abuse and Neglect

Item 1 evaluates the timeliness of initiating investigations or reports of child maltreatment.

### OUTCOME S1 DATA

OER data related to the timeliness of investigations (Item 1, the only Item in Outcome S1) remains a relative strength for the state. Meeting the state mandates for initiating reports of abuse/neglect in a timely manner is a historical strength for DCFS. State policy requires one of three conditions to be met within 24 hours of the state receiving the report in order to meet the initiation mandate:

1. Investigator must meet face-to-face with alleged victim(s)
2. Investigator must make a good faith attempt to meet with the alleged victim(s)
  - a. Good faith attempts must be made every 24 hours or sooner, including weekends and holidays, until the child victim is seen, unless a waiver is granted by the Child Protection Supervisor
3. Law enforcement makes a face-to-face contact with the alleged victim(s) due to exceptional circumstances (e.g. weather issues, disaster, or other extreme circumstance)

DCFS is the only entity in the state that is responsible for conducting child protective investigations. There are no Priority Levels assigned to cases. All assigned investigations must be initiated within 24 hours of assignment. There is the provision for a more urgent response as needed, but these are infrequently occurring.

 <b>2016 - 2018 STATE Data</b>	2016 TOTALS: 70 Foster Care 30 In-Home (100 Total)			2017 Running Totals: 43 Foster Care 11 In-Home (54 Total)			2018 IL CFSR: 40 Foster Care 25 In-Home (65 Total)			2018 OER Plus: 4 Foster Care 3 In-Home (7 Total)		
	COMBINED DATA			COMBINED DATA			COMBINED DATA			COMBINED DATA		
	%SA/S	#Substantially Achieved/ Strength	#Applicable	%SA/S	#Substantially Achieved/ Strength	#Applicable	%SA/S	#Substantially Achieved/ Strength	#Applicable	%SA/S	#Substantially Achieved/ Strength	#Applicable
<b>Outcome S1, CHILDREN ARE FIRST AND FOREMOST PROTECTED FROM ABUSE AND NEGLECT</b>	100.00%	42	42	100.00%	30	30	92.86%	26	28	83.33%	5	6
Item 1: Timeliness of Initiating Investigations of Reports of Child Maltreatment	100.00%	42	42	100.00%	30	30	92.86%	26	28	83.33%	5	6

Prior to the CFSR 3, Item 1 was assessed based on meeting the 24-hour initiation mandate, and neglected to equally consider the frequency of ongoing efforts per state policy in situations where

Illinois Department of Children and Family Services  
2015-2019 Final Report

the child victims were not seen during an initial attempt (called “Good Faith Attempt”). During the CFSR 3 the Item was comprehensively assessed not only for meeting the 24-hour mandate, but also for the ongoing attempts when initiation was made by a Good Faith Attempt. In 2 cases during the CFSR, the ongoing attempts required per policy were not made (nor was there a supervisory waiver) resulting in an ANI rating for those cases. Subsequent to the CFSR 3, Illinois has ensured accurate interpretation of the instructions during its reviews and hence has observed in 1 case where the Item is also rated an ANI due to the lack of ongoing efforts to see alleged child victims per state policy.

In the Fall of 2018, Illinois conducted a review of 500 cases that had been opened for investigation during a specific week in October 2018. The review was conducted to determine compliance with initiation of investigations and the Good Faith Attempts ongoing requirements to determine the scale of the problem. From the review of the 500 cases, the state could observe that in 99% of cases the initiation mandate was made, and that in 66.7% of cases the children were seen within 24 hours of a report being received. The state was unable to determine through documentation whether ongoing Good Faith Attempts were made as required for the 33.3% of children who were not seen within 24 hours. Interviews were not a part of this review.

The state then also compared this data to historical data, which supported that historically 1/3 of all investigations meet the 24-hour initiation mandate through the Good Faith Attempt condition. The volume of investigations received annually (see table below) and persistent investigative workforce turnover (between 25-30% monthly, over the last 12 months) combined with the stringent state policy requirements governing ongoing efforts to see alleged child victims following a Good Faith Attempt are identified as the reasons for the inability of staff to meet the state policy requirements regarding ongoing efforts.

**Illinois Department of Children & Family Services  
State Central Registry Call and Intake Volume  
Fiscal Year to Date 3/31/2019**

		FYTD 2019		FY 2018		FY 2017		FY 2016		FY 2015		FY 2014	
		Total		Total		Total		Total		Total		Total	
Call Volume		197,420		276,538		252,568		245,388		222,719		231,536	
Intake Type	Intake Sub Type	Total	% of All Intakes										
Assigned	CA/N	63,576	47.4%	81,245	49%	75,003	43.4%	78,571	43.3%	67,721	36.2%	67,747	38%
	CWS	4,257	3.2%	6,014	3.6%	6,012	3.5%	8,665	4.8%	8,774	4.7%	8,008	4.5%
	Information Only	13,472	10.1%	14,455	8.7%	8,880	5.1%	8,184	4.5%	9,689	5.2%	8,655	4.8%
	Licensing Complaint							2	0%				
	Licensing Referrals	658	0.5%	854	0.5%	955	0.6%	1,094	0.6%	1,258	0.7%	949	0.5%
	Licensing Resource Inquiry							2	0%			1	0%
	Neglect By Agency	6	0%	24	0%	37	0%	7	0%				
	Related Information	19,720	14.7%	23,646	14.3%	23,548	13.6%	25,315	14%	23,434	12.5%	21,446	12%
	SIDS/Unusual Death	184	0.1%	239	0.1%	241	0.1%	242	0.1%	340	0.2%	287	0.2%
<b>Assigned Total:</b>		<b>101,873</b>	<b>76%</b>	<b>126,477</b>	<b>76.2%</b>	<b>114,676</b>	<b>66.3%</b>	<b>122,082</b>	<b>67.3%</b>	<b>111,216</b>	<b>59.4%</b>	<b>107,093</b>	<b>60%</b>

To address the area needing improvement specific to Item 1, the state will develop a PIP Strategy.

In the 3<sup>rd</sup> round of the CFSRs, Item 2 (Repeat Maltreatment) was removed from the evaluation of Outcome S1 in the case review portion of the process, and is evaluated for each state via performance on two (2) national safety indicators. The table below reflects Illinois’ most recently available performance per the CFSR 3 national indicator safety measures and illustrates that there is improvement to be made:

Illinois Department of Children and Family Services  
2015-2019 Final Report

**Federal Safety Indicator: Maltreatment in Foster Care**

**CFSR 3 Safety Indicator: Maltreatment in Foster Care, Illinois performance  
(as of 1/19 Data Profile)**

CFSR National Statewide Indicator	National Performance	Illinois Observed Performance	Illinois RSP*	IL Performance Trend
(S1) Of all children in foster care during a 12-month period, what is the rate of victimization per day of foster care?	<b>9.67</b> victimizations (preference is less)  <i>*state result multiplied by 100,000</i>	7.98 (FFY13)	<b>11.17</b> (FFY13)	↓ <b>Wrong Direction</b>
		9.88 (FFY14)	<b>12.90</b> (FFY14)	
		11.22 (FFY15)	<b>14.65</b> (FFY15)	
		11.29 (FFY16)	<b>14.75</b> (FFY16)	
(S2) Of all children who were victims of a substantiated or indicated report of maltreatment during a 12-month period, what percent were victims of another substantiated/indicated report within 12 months of their initial report?	<b>9.5%</b> (preference is less)	7.9% (FY12-13)	<b>10.1%</b> (FY12-13)	↓ <b>Wrong Direction</b>
		8.7% (FY13-14)	<b>11.2%</b> (FY13-14)	
		10.7% (FY14-15)	<b>13.6%</b> (FY14-15)	
		11.0% (FY15-16)	<b>13.9%</b> (FY15-16)	
		11.6% (FY16-17)	<b>14.7%</b> (FY16-17)	

*\*Risk Standardized Performance. For much more information about how these Indicators, national standards, and state performance are determined, please visit the Children’s Bureau’s CFSR Round 3 Resources page:*

<https://training.cfsrportal.org/resources/3105#Data Indicators and National Standards>

Illinois has not met the federal national standard for either of the above indicators. During the 2015-2019 CFSP period, two qualitative case record reviews of children maltreated in foster care were conducted<sup>2</sup> and revealed that the practice of “placing” children with their parents while retaining legal guardianship instead of discharging to reunification with an order of supervision had a significant impact on the number of children who became a part of the numerator for this indicator. More significantly, the frequency and quality of assessments of safety and risk (and follow-up on identified concerns) is an area for improvement within the population of children maltreated in foster care. Additionally, supervisors of caseworkers were not providing needed support, direction, and monitoring/following up on identified concerns. Last, continued data quality issues were observed around the use of the incident date.

Maltreatment in foster care is a measure that is monitored by the Department’s Agency Performance Team (APT) and by private agencies on a regular basis. The performance goal is 100% (no maltreatment in foster care ever). The chart below illustrates annual state performance for FY15 – 19:

<sup>2</sup> Previously reported in the 2017 and 2018 APSRs; no reviews were conducted in FFY18 or FFY19.

Illinois Department of Children and Family Services  
2015-2019 Final Report

**Traditional/Relative Foster Care - STATE**  
(All Regions Combined)

Measure	Description	Dash-board Goal*	FY'13	FY'14	FY'15	FY'16	FY'17	FY'18	FY'19
			(as of 8/14 run)	(as of 7/15 run)	(as of 7/16 run)	(as of 8/17 run)	(as of 7/18 run)	(as of 4/19 run)	
6	Absence of Maltreatment While In Foster Care	100%	98.7%	98.5%	98.5%	98.4%	98.3%	98.3%	98.3%

The Absence of Maltreatment data in the above chart indicates that improvement is needed toward achieving less maltreatment in foster care. Cook County data tends to be marginally better than other regions (i.e., there is less maltreatment in Cook than elsewhere in the state).

The table below illustrates that maltreatment in foster care occurs less often for children/youth in specialized foster care, and performance has been very consistent:

**Specialized Foster Care Data Site - STATE**

Measure	Description	Dash-board Goal*	FY'16	FY'17	FY'18	FY'19
			(as of 7/16 run)	(as of 8/17 run)	(as of 7/18 run)	(as of 4/19 run)
6	Absence of Maltreatment While In Foster Care (% of Case NOT Experiencing an Episode of Indicated Maltreatment While in Agency Care)	100%	99.1%	99.4%	99.3%	99.3%

Absence of maltreatment is more challenging in Intact Family Service cases as illustrated below:

**Intact Data Site - STATE**

Measure	Description	Goal	FY'14	FY'15	FY'16	FY'17	FY'18	FY'19
			(as of 8/14 run)	(as of 7/15 run)	(as of 8/16 run)	(as of 8/17 run)	(as of 8/18 run)	(as of 4/19 run)
3	No maltreatment during service period	100%	88.9%	89.1%	92.1%	91.6%	91.4%	91.4%

**Outcome S2: Children are Safely Maintained in Their Homes Whenever Possible and Appropriate**

**Item 2** evaluates services to families to protect children in the home and prevent removal or re-entry into foster care.

**Item 3** evaluates risk and safety assessment and management of the child(ren) in any environment.

Illinois Department of Children and Family Services  
2015-2019 Final Report

## OUTCOME S2 DATA

As with Outcome S1, data specific to Outcome S2 during the 2015-2019 CFSP indicates differences in performance before and after the federal CFSP. Illinois' performance in Outcome S2 and related Items continues to highlight the need for improvements in the areas of engagement, assessment, ongoing monitoring and adequate service provision generally (here specific to safety, but also elsewhere as will be noted further along in this document):

 <b>2016 - 2018 STATE Data</b>	2016 TOTALS: 70 Foster Care 30 In-Home (100 Total)			2017 Running Totals: 43 Foster Care 11 In-Home (54 Total)			2018 IL CFSP: 40 Foster Care 25 In-Home (65 Total)			2018 OER Plus: 4 Foster Care 3 In-Home (7 Total)		
	COMBINED DATA			COMBINED DATA			COMBINED DATA			COMBINED DATA		
	%SA/S	# Substantially Achieved/ Strength	# Applicable	%SA/S	# Substantially Achieved/ Strength	# Applicable	%SA/S	# Substantially Achieved/ Strength	# Applicable	%SA/S	# Substantially Achieved/ Strength	# Applicable
<b>Outcome S2: CHILDREN ARE SAFELY MAINTAINED IN THEIR HOMES WHENEVER POSSIBLE AND APPROPRIATE</b>	76.00%	76	100	79.63%	43	54	50.77%	33	65	57.14%	4	7
Item 2: Services to Family to Protect Child(ren) in the Home and Prevent Removal or Re-Entry Into Foster Care	88.37%	38	43	95.45%	21	22	30.77%	4	13	100.00%	1	1
Item 3: Risk and Safety Assessment and Management	78.00%	78	100	79.63%	43	54	50.77%	33	65	57.14%	4	7

Much of the change in the OER data between what was reported in previous APSRs and this Final Report is attributable to a more enhanced understanding of how to more appropriately apply the items in the CFSP 3 review tool following a site visit by our federal partners in April 2017 and the CFSP 3 itself. The 2018 OER Plus data for Item 2 reflects 100% because only 1 case was applicable. Thus the 2018 OER Plus data is not comparable to any previously reported data due to the small number of cases reviewed to-date.

Illinois' performance on Item 3 reflects the need for improvement in the areas of engagement, assessment, ongoing monitoring and adequate service provision generally, especially for children in Intact Family Service cases. There are efforts underway and under consideration by the Department to address concerns specific to Intact Family Service cases.

## B. Permanency

**PERMANENCY OUTCOMES:** *Children have permanency and stability in their living situations (P1), and the continuity of family relationships is preserved for children (P2).*

Outcome Enhancement Review (OER) data for Outcome P1 and P2 during the 2015-2019 CFSP indicates declining performance in both outcomes<sup>3</sup>:

 <b>2016 - 2018 STATE Data</b>	COMBINED DATA											
	%SA/S	#Substantially Achieved/ Strength	#Applicable									
Outcome P1: CHILDREN HAVE PERMANENCY AND STABILITY IN THEIR LIVING SITUATIONS	31.43%	22	70	11.63%	5	43	2.50%	1	40	0.00%	0	4
Outcome P2: THE CONTINUITY OF FAMILY RELATIONSHIPS AND CONNECTIONS IS PRESERVED FOR CHILDREN	82.61%	57	69	69.77%	30	43	62.50%	25	40	100.00%	4	4

There are several items that inform overall outcome performance for each of the Permanency Outcomes:

### P1 and P2 Items:

P1, associated Items (CFSR 3)	P2, associated Items (CFSR 3)
Item 4: Stability of Substitute Care Placement	Item 7: Placement with Siblings
Item 5: Permanency Goal for Child	Item 8: Visiting with Parents and Siblings in Substitute Care
Item 6: Achieving Reunification, Guardianship, Adoption, or Other Planned Permanent Living Arrangement	Item 9: Preserving Connections
	Item 10: Relative Placement
	Item 11: Relationship of Child in Care with Parent(s)

## OUTCOME P1 DATA: Children Have Permanency and Stability in Their Living Arrangements

In P1, the evaluations of three (3) items support the overall outcome achievement rating.

Data specific to Outcome P1 during the 2015-2019 CFSP indicates differences in performance before and after the federal CFSR in May 2018. Illinois' performance in Outcome P1 and related Items continues to highlight the need for improvements in the areas of:

- Stability of children in foster care (reducing the number of unplanned moves),
- Assigning appropriate permanency goals in a timely manner (IL has a history of retaining a return home permanency goal well beyond 12 months regardless of progress made toward case goals), and

<sup>3</sup> OER Plus data for P2 is noted at 100%. This is attributable to the incomparable sample size and potential interpretation issues for Items 9 and 10 in 1 of the 4 cases

Illinois Department of Children and Family Services  
2015-2019 Final Report

- The need for a more timely, urgent, concurrent, and coordinated (between the agency and the courts) approach to achieving permanency for children in foster care

OER and CFSR data across the 2015-2019 CFSP period suggests inconsistent performance in the stability of children in foster care (Item 4), and a continued decline in performance related to the appropriateness of the current permanency goal (Item 5), timely achievement of permanency (Item 6), and the outcome overall:

% of cases rated a "Strength"	OER II R1-6 <i>(reported in the 2015 - 2019 CFSP)</i> (9/11 – 2/14)	OER II R7 <i>(reported in the 2016 APSR)</i> (3/15 – 5/15)	OER 3 Round 1 <i>(reported in the 2017 APSR)</i> (4/16 – 5/16)	OER 3 Round 2 <i>(reported in the 2018 APSR)</i> (9/16 – 11/16)	OER 3 <i>(updated for the CFSR 3 SAI)</i> (9/16 – 9/17)	CFSR 3 <i>(May 2018)</i>	OER Plus <i>(9/18 – 12/18)</i>
Item 4: Stability of Substitute Care Placement	87.10%	100%	73.33%	84%	82.35%	<b>75%</b>	<b>100%</b>
Item 5: Permanency Goal for Child	63.30%	75.00%	46.67%	34%	29.41%	<b>25%</b>	<b>25%</b>
Item 6: Achieving Reunification, Guardianship, Adoption, or Other Planned Permanent Living Arrangement <i>(new, CFSR 3 combined item)</i>			53.33%	40%	36.73%	<b>15%</b>	<b>0%</b>
(CFSR 2) Item 8: Reunification/Guardianship	22.20%	7.1%					
(CFSR 2) Item 9: Adoption/SCpTPR	16.30%	15.4%					
(CFSR 2) Item 10: Independence/HENA /Continuing Foster Care	87.30%	92.3%					
<b>OUTCOME P1 overall</b>	<b>33.30%</b>	<b>35%</b>	<b>28.89%</b>	<b>24%</b>	<b>20.59%</b>	<b>2.5%</b>	<b>0%</b>

Some of the observed is attributable to changes in the definitions of how to rate items (CFSR 2 versus CFSR 3), and learning how to more appropriately apply the items in the CFSR 3 review tool. Some of the decline may also be attributed to systemic issues such as changes in leadership at DCFS as previously noted, the impact of two years during this CFSP period in which IL did not pass a budget, and the high staff turnover rate (c. 50%).

DCFS and its POS partners track stability of children/youth on the APT dashboards for children placed in traditional or relative foster care and for children in specialized foster care via the following measure:

Illinois Department of Children and Family Services  
2015-2019 Final Report

**Traditional/Relative Foster Care - STATE**  
(All Regions Combined)

Measure	Description	Dash-board Goal*	FY'13	FY'14	FY'15	FY'16	FY'17	FY'18	FY'19
				(as of 8/14 run)	(as of 7/15 run)	(as of 7/16 run)	(as of 8/17 run)	(as of 7/18 run)	(as of 4/19 run)
9	% of Children Placed With Less Than 2 Paid Providers Over 12 Month Period	90%	83.4%	82.9%	82.9%	85.0%	83.5%	82.8%	82.9%

**Specialized Foster Care Data Site - STATE**

Measure	Description	Dash-board Goal*	FY'16	FY'17	FY'18	FY'19
			(as of 7/16 run)	(as of 8/17 run)	(as of 7/18 run)	(as of 4/19 run)
9	% of Children Placed With Less Than 2 Paid Providers Over 12 Month Period	90%	86.44%	85.69%	87.84%	87.72%

In addition to the OER 3/Plus data, the state also evaluates its performance regarding stability with data from the CFSR national indicator:

**CFSR 3 Safety Indicator: Placement Stability, Illinois performance (as of 1/19 Data Profile)**

CFSR National Statewide Indicator	National Performance	Illinois Observed Performance	Illinois RSP* (age at entry, State entry rate)	IL Performance Trend
(P5) Of all children who enter foster care in a 12-month period, what is the rate of placement moves per day of foster care?	<p><b>4.44 moves</b> (preference is less)</p> <p><i>*state result multiplied by 1,000</i></p>	<p>10.69 moves (FY13-14)</p> <p>10.47 (FFY14)</p> <p>8.67 (FY14-15)</p> <p>6.72 (FFY15)</p> <p>4.69 (FY15-16)</p> <p>5.00 (FFY16)</p> <p>4.51 (FY16-17)</p> <p>5.77 (FFY17)</p> <p>4.41 (FY17-18)</p> <p>4.51 (FFY18)</p>	<p><b>11.38 moves</b> (FY13-14)</p> <p><b>11.08</b> (FFY14)</p> <p><b>9.27</b> (FY14-15)</p> <p><b>7.30</b> (FFY15)</p> <p><b>5.10</b> (FY15-16)</p> <p><b>5.45</b> (FFY16)</p> <p><b>4.96</b> (FY16-17)</p> <p><b>6.33</b> (FFY17)</p> <p><b>4.87</b> (FY17-18)</p> <p><b>5.01</b> (FFY18)</p>	 Improving

DCFS and its POS partners also track achievement of permanency on the APT dashboards for children placed in traditional or relative foster care and specialized foster care. For foster care (traditional, relative or specialized) cases, the measures reflect permanencies achieved on active

Illinois Department of Children and Family Services  
2015-2019 Final Report

caseloads as of 7/2 of a fiscal year. Counted permanencies are reunification, adoption or guardianship only:

**Traditional/Relative Foster Care - STATE**  
(All Regions Combined)

Measure	Description	Dash-board Goal*	FY'13	FY'14	FY'15	FY'16	FY'17	FY'18	FY'19
				(as of 8/14 run)	(as of 7/15 run)	(as of 7/16 run)	(as of 8/17 run)	(as of 7/18 run)	(as of 4/19 run)
1	% of Children Achieving Legal Permanency	40%	26.2%	28.8%	33.3%	30.2%	31.3%	32.2%	23.8%

In the table above, the reader can observe that the goal is to achieve permanency in 40% of cases. Since the data site was created in 2012, only one region (Southern) met or exceeded that goal (in SFY15; Central region nearly achieved the goal in FY18 at 39.71%). The state as a whole came closest to achieving the goal also in FY15 (that year there were several concerted statewide efforts to increase the achievements of permanency). FY19 to-date (as of March 2019) is at 23.8%, and this is slightly above average for this time of the year compared with previous years. Overall, trend-wise, annual performance on this measure is improving. Achievement of permanency in Cook County significantly impacts the state performance.

In the current state fiscal year (SFY19), most regions were more than halfway toward achieving the 40% goal as of Quarter 3 (March 2019; downstate regions averaged 27.05% permanencies achieved, Cook was at 16.28%).

The state also tracks achievement of permanency for children/youth in specialized foster care. Performance data is provided for three types of children in specialized foster care, children/youth with: Medically Specialized (MD), Mental Health (MH) or MH/MD, or in Adolescent Foster Care (AFC).

**Specialized Foster Care Data Site - STATE**

Measure	Description	Dash-board Goal*	FY'16	FY'17	FY18	FY19
			(as of 7/16 run)	(as of 8/17 run)	(as of 7/18 run)	(as of 4/19 run)
1a	% of Children Achieving Legal Permanency (MD Cases)	40%	30.4%	35.5%	35.6%	19.4%
1a1	% of Children Reunified	40%		6.4%	8.4%	3.6%
1a2	% of Children Achieving Guardianship	40%		29.1%	27.2%	15.8%
1b	% of Children Achieving Legal Permanency (MH, MH/MD Cases)	25%	19.3%	22.3%	24.4%	19.9%
1b1	% of Children Reunified	25%		4.2%	5.3%	4.2%
1b2	% of Children Achieving Guardianship	25%		18.1%	19.1%	15.7%
1c	% of Children Achieving Legal Permanency (AFC Cases)	25%	5.9%	5.7%	9.5%	3.8%
1c1	% of Children Reunified	25%		2.5%	4.4%	2.5%
1c2	% of Children Achieving Guardianship	25%		3.2%	5.1%	1.3%

In addition to the OER 3 and APT data, the state also evaluates its performance regarding permanency with data from the CFSR national indicators. The table below reflects Illinois' most recent performance per the CFSR 3 permanency measures (data received January 2019):

Illinois Department of Children and Family Services  
2015-2019 Final Report

**CFSR 3 Permanency Indicator: Permanency Achievement, Illinois performance  
(as of 1/19 Data Profile)**

CFSR National Statewide Indicator	National Performance	Illinois Observed Performance	Illinois RSP* <i>(age at entry, State entry rate)</i>	IL Performance Trend
(P1) Of all children who enter foster care in a 12-month period, what percent discharged to permanency within 12 months of entering care?	<b>42.1%</b>	11.3% (FY13-14) 12.3% (FFY14) 12.6% (FY14-15) 11.9% (FFY15) 11.4% (FY15-16) 10.3% (FFY16)	<b>12.5%</b> (FY13-14) <b>13.6%</b> (FFY14) <b>14.2%</b> (FY14-15) <b>13.4%</b> (FFY15) <b>13.0%</b> (FY15-16) <b>11.8%</b> (FFY16)	↓
(P4) Of all children who enter foster care in a 12-month period, who discharged within 12 months to reunification, living with a relative, or guardianship, what percent re-enter foster care within 12 months of their discharge?	<b>8.4%</b>  (preference is less)	.3% (FFY13B-16A) 2.1% (FFY14a-16B) 1.5% (FFY14B-17A) 2.6% (FFY15A-17B) 4.5% (FFY15B-18A) 5.8% (FFY16A-18B)	<b>1.8%</b> (FFY13B-16A) <b>2.1%</b> (FFY14a-16B) <b>3.5%</b> (FFY14B-17A) <b>4.8%</b> (FFY15A-17B) <b>7.0%</b> (FFY15B-18A) <b>8.6%</b> (FFY16A-18B)	↓

Illinois Department of Children and Family Services  
2015-2019 Final Report

CFSR National Statewide Indicator	National Performance	Illinois Observed Performance	Illinois RSP* (age at entry, State entry rate)	IL Performance Trend
(P2) Of all children in foster care the first day of the year who had been in foster care (in that episode) between 12 and 23 months, what percent discharged to permanency within 12 months of the first day of the 12-month period?	<b>45.9%</b>	21.3% (FY13-14) 21.2% (FFY14) 22.2% (FY14-15) 23.3% (FFY15) 21.9% (FY15-16) 21.2% (FFY16) 20.6% (FY16-17) 24.4% (FFY17) 23.2% (FY17-18) 25.5% (FFY18)	<b>20.4%</b> (FY13-14) <b>20.4%</b> (FFY14) <b>21.4%</b> (FY14-15) <b>22.3%</b> (FFY15) <b>21.1%</b> (FY15-16) <b>20.7%</b> (FFY16) <b>19.7%</b> (FY16-17) <b>23.1%</b> (FFY17) <b>22.2%</b> (FY17-18) <b>24.2%</b> (FFY18)	 Improving
(P3) Of all children in foster care on the first day of a 12-month period, who had been in foster care (in that episode) for 24 months or more, what percent discharged to permanency within the 12 months of the first day of the 12-month period?	<b>31.8%</b>	21.3% (FY13-14) 21.2% (FFY14) 22.2% (FY14-15) 23.3% (FFY15) 21.9% (FY15-16) 21.2% (FFY16) 26.4% (FY16-17) 30.5% (FFY17) 32.3% (FY17-18) 30.8% (FFY18)	<b>18.7%</b> (FY13-14) <b>19.9%</b> (FFY14) <b>21.5%</b> (FY14-15) <b>22.3%</b> (FFY15) <b>19.6%</b> (FY15-16) <b>21.7%</b> (FFY16) <b>20.7%</b> (FY16-17) <b>23.7%</b> (FFY17) <b>24.8%</b> (FY17-18) <b>23.9%</b> (FFY18)	 Improving

\*Risk Standardized Performance. For much more information about how these Indicators, national standards, and state performance are determined, please visit the Children's Bureau's CFSR Round 3 Resources page: <https://training.cfsportal.org/resources/3105#Data Indicators and National Standards>

Illinois Department of Children and Family Services  
2015-2019 Final Report

As noted in the data above, Illinois meets the national performance for the observed performance on the re-entry indicator, but not for FFY16A-18B when adjusted for risk. During this CFSP period, there has been an increase in the percent of re-entries. The reasons for this change is not currently known and must be evaluated.

The state is making progress toward improved performance regarding stability, permanency in 12-23 months, and permanency in 24+ months.

## OUTCOME P2 DATA: The Continuity of Family Relationships and Connections is Preserved for Children

In P2, the evaluations of five (5) items support the overall outcome achievement rating.

OER and CFSR data for Outcome P2<sup>4</sup> and related Items across the 2015-2019 CFSP period continues to highlight the need for improvements in the areas of:

- Concerted efforts to engage and involve parents (particularly fathers) in their children’s lives through visitation and other typical/expected parenting experiences;
- Preserving connections with extended family (particularly paternal), siblings not in care and adherence to ICWA requirements; and
- Making concerted and ongoing efforts to identify, locate, inform and evaluate maternal and paternal relatives

% of cases rated a “Strength”	OER II R1-6 <i>(reported in the 2015 - 2019 CFSP)</i> (9/11 – 2/14)	OER II R7 <i>(reported in the 2016 APSR)</i> (3/15 – 5/15)	OER 3 Round 1 <i>(reported in the 2017 APSR)</i> (4/16 – 5/16)	OER 3 Round 2 <i>(reported in the 2018 APSR)</i> (9/16 – 11/16)	OER 3 <i>(updated for the CFSR 3 SAI)</i> (9/16 – 9/17)	CFSR 3 <i>(May 2018)</i>	OER Plus <i>(9/18 – 12/18)</i>
Item 7: Placement with Siblings	98.00%	100%	93.94%	88.57%	91.49%	<b>86.7%</b>	<b>100%</b>
Item 8: Visiting with Parents and Siblings in Substitute Care	77.00%	85.3%	87.50%	73.17%	67.86%	<b>62.1%</b>	<b>100%</b>
Item 9: Preserving Connections	85.4%	95%	88.64%	85.71%	80.60%	<b>69.2%</b>	<b>75%</b>
Item 10: Relative Placement	90.70%	84.2%	92.68%	85.37%	77.59%	<b>64.9%</b>	<b>100%</b>
Item 11: Relationship of Child in Care with Parent(s)	74.10%	88.9%	86.49%	70.27%	72.55%	<b>52.4%</b>	<b>100%</b>
<b>OUTCOME P2 overall</b>	<b>81.3%</b>	<b>87.5%</b>	<b>88.89%</b>	<b>75.51%</b>	<b>70.15%</b>	<b>62.1%</b>	<b>100%</b>

<sup>4</sup> OER Plus data for P2 is noted at 100%. This is attributable to the uncomparable sample size and potential interpretation issues for Items 9 and 10 in 1 of the 4 cases

Illinois Department of Children and Family Services  
2015-2019 Final Report

A deeper look at the data related to the frequency and quality of parent-child visits indicates that for the visits that did occur, the frequency and quality were sufficient for mothers (not fathers):

Item 8 Parent Visits Data																				
	What was the usual frequency of visits between the parent and the child during the PUR?				OER 3 2016 Data				OER 3 2017 Data				2018 CFSR Data				OER Plus 2018			
		#	%		#	%		%	#	%		%	#	%		%	#	%		
<b>Mother</b>	More than once per week	9	17.6%	68.6%	4	7.8%	59.4%	5	9.8%	76.2%	1	2.0%	50.0%							
	Once per week	13	25.5%		7	13.7%		7	13.7%		0	0.0%								
	Less than once per week but at least twice per month	3	5.9%		2	3.9%		2	3.9%		0	0.0%								
	Less than twice per month but at least once per month	10	19.6%		6	11.8%		2	3.9%		0	0.0%								
	Less than once per month	10	19.6%		11	21.6%		5	9.8%		1	2.0%								
	Never	6	11.8%		2	3.9%		0	0.0%		0	0.0%								
	<b>TOTAL</b>	51			32			21			2									
<b>Father</b>	More than once per week	4	13.3%	36.7%	2	6.7%	40.9%	1	3.3%	42.9%	1	3.3%	50.0%							
	Once per week	4	13.3%		5	16.7%		2	6.7%		0	0.0%								
	Less than once per week but at least twice per month	0	0.0%		0	0.0%		0	0.0%		0	0.0%								
	Less than twice per month but at least once per month	3	10.0%		2	6.7%		0	0.0%		0	0.0%								
	Less than once per month	9	30.0%		10	33.3%		1	3.3%		0	0.0%								
	Never	10	33.3%		3	10.0%		3	10.0%		1	3.3%								
	<b>TOTAL</b>	30			22			7			2									

Item 8 Parent Visits Data												
Frequency of visitation/contact between the child and his or her parent was of sufficient to maintain or promote the continuity of the relationship												
	OER 3 2016 Data			OER 3 2017 Data			2018 CFSR Data			OER Plus 2018 Data		
		#	%		#	%		#	%		#	%
<b>Mother</b>	<b>YES</b>	47	<b>92%</b>	<b>YES</b>	29	<b>91%</b>	<b>YES</b>	19	<b>90%</b>	<b>YES</b>	2	<b>100%</b>
	<b>TOTAL</b>	51		<b>TOTAL</b>	32		<b>TOTAL</b>	21		<b>TOTAL</b>	2	
<b>Father</b>	<b>YES</b>	24	<b>80.0%</b>	<b>YES</b>	15	<b>68.2%</b>	<b>YES</b>	3	<b>42.9%</b>	<b>YES</b>	1	<b>100%</b>
	<b>TOTAL</b>	30		<b>TOTAL</b>	22		<b>TOTAL</b>	7		<b>TOTAL</b>	1	

Quality of visitation/contact between the child and the parent was sufficient to maintain or promote the continuity of the relationship												
	OER 3 2016 Data			OER 3 2017 Data			2018 CFSR Data			OER Plus 2018 Data		
		#	%		#	%		#	%		#	%
<b>Mother</b>	<b>YES</b>	43	<b>96%</b>	<b>YES</b>	27	<b>90%</b>	<b>YES</b>	17	<b>81%</b>	<b>YES</b>	2	<b>100%</b>
	<b>TOTAL</b>	45		<b>TOTAL</b>	30		<b>TOTAL</b>	21		<b>TOTAL</b>	2	
<b>Father</b>	<b>YES</b>	16	<b>84.2%</b>	<b>YES</b>	13	<b>68.4%</b>	<b>YES</b>	3	<b>75.0%</b>	<b>YES</b>	1	<b>100%</b>
	<b>TOTAL</b>	19		<b>TOTAL</b>	19		<b>TOTAL</b>	4		<b>TOTAL</b>	1	

The data related to the frequency and quality of sibling visits is an area for improvement.

Item 8 Sibling Visits Data												
Frequency of visitation/contact between the child and his/her siblings was sufficient to maintain or promote the continuity of the relationship												
	OER 3 2016 Data			OER 3 2017 Data			2018 CFSR Data			OER Plus 2018 Data		
		#	%		#	%		#	%		#	%
<b>Siblings</b>	<b>YES</b>	23	<b>85.2%</b>	<b>YES</b>	16	<b>84.2%</b>	<b>YES</b>	9	<b>60.0%</b>	<b>YES</b>	1	<b>100%</b>
	<b>TOTAL</b>	27		<b>TOTAL</b>	19		<b>TOTAL</b>	15		<b>TOTAL</b>	1	

Quality of visitation/contact between the child and his/her siblings was sufficient to maintain or promote the continuity of the relationship												
	OER 3 2016 Data			OER 3 2017 Data			2018 CFSR Data			OER Plus 2018 Data		
		#	%		#	%		#	%		#	%
<b>Siblings</b>	<b>YES</b>	22	<b>84.6%</b>	<b>YES</b>	15	<b>88.2%</b>	<b>YES</b>	8	<b>57.1%</b>	<b>YES</b>	1	<b>100%</b>
	<b>TOTAL</b>	26		<b>TOTAL</b>	17		<b>TOTAL</b>	14		<b>TOTAL</b>	1	

Illinois Department of Children and Family Services  
2015-2019 Final Report

## C. Well-Being

**WELL-BEING OUTCOMES:** Families have enhanced capacity to provide for their children's needs (WB1), children receive appropriate services to meet their educational needs (WB2), and children receive adequate services to meet their physical and mental health needs (WB3).

Outcome Enhancement Review (OER) data for Outcomes WB1, WB2<sup>5</sup>, and WB3 during the 2015-2019 CFSP indicates declining performance in both outcomes:

 <b>2016 - 2018 STATE Data</b>	2016 TOTALS: 70 Foster Care 30 In-Home (100 Total)			2017 Running Totals: 43 Foster Care 11 In-Home (54 Total)			2018 IL CFSP: 40 Foster Care 25 In-Home (65 Total)			2018 OER Plus: 4 Foster Care 3 In-Home (7 Total)		
	COMBINED DATA			COMBINED DATA			COMBINED DATA			COMBINED DATA		
	%SA/S	#Substantially Achieved/Strength	#Applicable	%SA/S	#Substantially Achieved/Strength	#Applicable	%SA/S	#Substantially Achieved/Strength	#Applicable	%SA/S	#Substantially Achieved/Strength	#Applicable
<b>Outcome WB1: FAMILIES HAVE ENHANCED CAPACITY TO PROVIDE FOR THEIR CHILDREN'S NEEDS</b>	71.00%	71	100	61.11%	33	54	27.69%	18	65	57.14%	4	7
<b>Outcome WB2: CHILDREN RECEIVE APPROPRIATE SERVICES TO MEET THEIR EDUCATIONAL NEEDS</b>	90.91%	60	66	92.31%	36	39	82.50%	33	40	100.00%	3	3
<b>Outcome WB3: CHILDREN RECEIVE ADEQUATE SERVICES TO MEET THEIR PHYSICAL AND MENTAL HEALTH NEEDS</b>	80.68%	71	88	86.00%	43	50	56.14%	32	57	50.00%	3	6

Some of the observed change over time is attributable to learning how to more appropriately apply the items in the CFSP 3 review tool in preparation for and in response to the 2018 CFSP. Some of the decline can also be attributed to changes in leadership at DCFS as previously noted, the impact of two years during this CFSP period in which IL did not pass a budget, and the high staff turnover rate (c. 50%).

There are several items for each Outcome that informs overall outcome performance:

WB1, associated Items	WB2, associated Items	WB3, associated Items
Item 12: Needs and Services of Child, Parents, and Foster Parents	Item 16: Educational/ Developmental Needs of the Child	Item 17: Physical Health of the Child
12a: Needs Assessment and Services to Children		Item 18: Mental/Behavioral Health of the Child
12b: Needs Assessment and Services to Parents		
12c: Needs Assessment and Services to Foster Parents		
Item 13: Child and Family Involvement in Case Planning		
Item 14: Caseworker Visits with Child(ren)		
Item 15: Caseworker Visits with Parents		

<sup>5</sup> OER Plus data for WB2 is noted at 100%. This is attributed to the sample size.

## OUTCOME WB1 DATA: Families have enhanced capacity to provide for their children’s needs

OER and CFSR data for Outcome WB1 and related Items across the 2015-2019 CFSP period continues to highlight the need for improvements in the areas of:

- Accurate, comprehensive and ongoing assessments of all stakeholders, but particularly fathers;
- Efforts to actively engage stakeholders in the case planning process, particularly fathers (there is still a mindset that the parents should make the efforts to engage versus the agency, and fathers are almost not even considered); and
- Making caseworker visits with the children and parents meaningful (to relationship-build, engage and assess), versus to achieve compliance with monthly visit mandates

In WB1, the evaluations of four (4) items and three (3) sub-items in Item 12 support the overall outcome achievement rating. Current data suggests a decline in performance for all Items in this Outcome, and in the outcome, itself:

% of cases rated a “Strength”	OER II R1-6 (reported in the 2015 - 2019 CFSP) (9/11 – 2/14)	OER II R7 (reported in the 2016 APSR) (3/15 – 5/15)	OER 3 Round 1 (reported in the 2017 APSR) (4/16 – 5/16)	OER 3 Round 2 (reported in the 2018 APSR) (9/16 – 11/16)	OER 3 (updated for the CFSR 3 SAI) (9/16 – 9/17)	CFSR 3 (May 2018)	OER Plus (9/18 – 12/18)
Item 12: Needs and Services of Child, Parents, and Foster Parents	69.4%	86.4%	76.56%	66.67%	66.67%	32.31%	<b>57.14%</b>
12a: Needs Assessment and Services to Children			93.75%	85.51%	85.56%	63.08%	<b>57.14%</b>
12b: Needs Assessment and Services to Parents			78.57%	62.07%	61.84%	28.85%	<b>40.00%</b>
12c: Needs Assessment and Services to Foster Parents			89.47%	95.24%	93.22%	72.22%	<b>100%</b>
Item 13: Child and Family Involvement in Case Planning	76.3%	83.9%	81.97%	72.31%	69.41%	34.92%	<b>50.00%</b>
Item 14: Caseworker Visits with Child(ren)	82.8%	93.9%	93.75%	86.96%	83.33%	55.38%	<b>57.14%</b>
Item 15: Caseworker Visits with Parents	70.3%	84.0%	60.71%	50.88%	52.00%	28.85%	<b>40.00%</b>
<b>OUTCOME WB1 overall</b>	<b>63.4%</b>	<b>81.8%</b>	<b>75.0%</b>	<b>62.32%</b>	<b>62.22%</b>	<b>27.69%</b>	<b>57.14%</b>

The current data for each Item informs the state that the issues as reported in the 2019 APSR have shown little change. Those issues were:

Illinois Department of Children and Family Services  
2015-2019 Final Report

- Item 12a: For foster care cases, the ongoing assessments of the child's needs should have been more comprehensive (for example, ensuring independent living assessments and social-emotional-normalization needs/activities beyond mental health needs and services) and thus impacted the ability of the reviewer to rate the case a strength. For in-home cases, comprehensive assessments were not completed for **all** children in the family (tended to include an identified child only).
- Item 12b: For foster care cases, the need for improvement of ongoing and adequate assessments of fathers, mothers, or both parents impacted the ability of the reviewer to rate the case a strength. In several cases the need to improve caseworker visits with parents, and/or caseworker turnover, had a significant impact on the agency's ability to assess parents and provide adequate services. For in-home cases, the need to improve ongoing and adequate assessments of mothers and fathers (and/or a paramour) and the need to improve provision of identified services (transportation, parenting education services, sexual perpetrator/offender services, and protective capacity assessments) impacted the ability of the reviewer to rate the case a strength.
- Item 12c: For the foster care cases rated Area Needing Improvement for this sub-item, the need to improve assessments of the caregiver's possible needs as a foster parent was the reason.
- Item 13: Rating determinations for this item are strictly based on the concerted efforts of the agency to actively involve children and parents in the case planning process. The OER data collected shows that when all cases are evaluated together, children are most likely to be actively involved in case planning versus parents.

When observed by case type, a different picture emerged. Children in foster care are more actively involved in case planning versus those in in-home cases, and parents are actively involved in in-home cases than foster care cases. The need for concerted efforts to actively involve parents in case planning in foster care cases directly impacts the strength of other items such as achievement of permanency, preserving connections, and ensuring ongoing assessments and adequate service provision are occurring.

- Item 14: Cases were rated a strength for this item because the frequency and quality of visits was sufficient to address pertinent issues and achieve case goals for those cases. Cases rated as Area Needing Improvement were due to the **quality** of caseworker contacts. Documentation and interviews corroborated the need for substantive interaction and observations of the child during home visits by the caseworker. For example, the child/youth was not seen separately, insufficient efforts made to engage a reluctant child in conversation, visits of short duration, and/or detailed notes but not substantive (details were lacking professional depth, insight of appropriate description of activities observed during the visits).
- Item 15: Cases applicable for this item rated a strength because the frequency and quality of visits was sufficient to address pertinent issues and achieve case goals. In cases rated as Area Needing Improvement the **frequency and quality** of caseworker contacts were the practice concerns.
  - In general, it was observed that caseworkers should actively seek out and engage parents. It was frequently noted in case notes, or reported during interviews, that "the parents did not avail themselves of" visits/services. Efforts to locate missing parents (particularly fathers) was generally limited to using the Diligent Search Service Center (DSSC) versus that and contacting known relatives/friends for updates on whereabouts. Even when the goal was Return Home and the parents whereabouts known, agency staff were not ensuring visits to the parents in their home and using those visits to address pertinent issues and achieve case goals.

## OUTCOME WB2 DATA: Children receive appropriate services to meet their educational needs

OER and CFSR data for Outcome WB2<sup>6</sup> across the 2015-2019 CFSP period continues to highlight the need for improvements in the areas of:

- Accurate, comprehensive and ongoing assessments of educational needs for all children in applicable in-home cases; and
- Ensuring services for identified needs are provided

% of cases rated a "Strength"	OER II R1-6 <i>(reported in the 2015 - 2019 CFSP)</i> (9/11 – 2/14)	OER II R7 <i>(reported in the 2016 APSR)</i> (3/15 – 5/15)	OER 3 Round 1 <i>(reported in the 2017 APSR)</i> (4/16 – 5/16)	OER 3 Round 2 <i>(reported in the 2018 APSR)</i> (9/16 – 11/16)	OER 3 <i>(updated for the CFSR 3 SAI)</i> (9/16 – 9/17)	CFSR 3  (May 2018)	OER Plus  (9/18 – 12/18)
Item 16: Educational Needs of the Child	90.4%	92%	90.9%	95.65%	91.8%	82.50%	100%
<b>OUTCOME WB2 overall</b>	<b>90.4%</b>	<b>92%</b>	<b>90.9%</b>	<b>95.65%</b>	<b>91.8%</b>	<b>82.50%</b>	<b>100%</b>

## OUTCOME WB3 DATA: Children receive adequate services to meet their physical and mental health needs

Outcome WB3 includes two Items, Item 17 (Physical Health of the Child), and Item 18 (Mental/Behavioral Health of the Child). OER and CFSR data for Outcome WB3 across the 2015-2019 CFSP period continues to highlight the need for improvements in the areas of:

- Provision of appropriate services to meet identified physical, dental and/or mental/behavioral health needs, particularly for all children in in-home cases

% of cases rated a "Strength"	OER II R1-6 <i>(reported in the 2015 - 2019 CFSP)</i> (9/11 – 2/14)	OER II R7 <i>(reported in the 2016 APSR)</i> (3/15 – 5/15)	OER 3 Round 1 <i>(reported in the 2017 APSR)</i> (4/16 – 5/16)	OER 3 Round 2 <i>(reported in the 2018 APSR)</i> (9/16 – 11/16)	OER 3 <i>(updated for the CFSR 3 SAI)</i> (9/16 – 9/17)	CFSR 3  (May 2018)	OER Plus  (9/18 – 12/18)
Item 17: Physical Health of the Child	90.4%	92%	90.9%	95.65%	91.8%	82.50%	100%
Item 18: Mental/Behavioral Health of the Child	90.4%	92%	90.9%	95.65%	91.8%	82.50%	100%
<b>OUTCOME WB3 overall</b>	<b>90.4%</b>	<b>92%</b>	<b>90.9%</b>	<b>95.65%</b>	<b>91.8%</b>	<b>82.50%</b>	<b>100%</b>

<sup>6</sup> OER Plus data for WB2 is noted at 100%. This is attributed to the sample size.

Illinois Department of Children and Family Services  
2015-2019 Final Report

Item 17: Physical Health of the Child	98.1%	93.8%	91.8%	90.9%	88%	62.75%	50.00%
Item 18: Mental/Behavioral Health of the Child	89.7%	93%	78.4%	86.8%	84.62%	65.79%	60.00%
<b>OUTCOME WB3 overall</b>	<b>90.4%</b>	<b>91.4%</b>	<b>82.14%</b>	<b>85.25%</b>	<b>82.93%</b>	<b>56.14%</b>	<b>50.00%</b>

Some of the observed change over time is attributable to learning how to more appropriately apply the items in the CFSR 3 review tool in preparation for and in response to the 2018 CFSR. Some of the decline can also be attributed to the change in leadership at DCFS as previously noted, the impact of two years during this CFSP period in which IL did not pass a budget, and the staff turnover rate (c. 50%).

## **Assessment of Systemic Factors**

### **Item 19: Statewide Information System**

How well is the statewide information system functioning statewide to ensure that, at a minimum, the state can readily identify the status, demographic characteristics, location, and goals for the placement of every child who is (or within the immediately preceding 12 months, has been) in foster care?

#### **State Response:**

The Illinois Department of Children and Family Services (DCFS) has had a statewide-computerized data collection and reporting systems for over 20 years. At this time, the Office of Information Technology Systems (OITS) goals revolved around three major efforts.

- Creation of a unified case management platform, taking functionality from multiple disparate platforms and merging them together.
- Establishment of an IT Governance Board and process to ensure stakeholder investment in the decision-making process to better support IT initiatives, particularly the new case management platform.
- Expansion of data management processes in the area of reporting, data warehousing and predictive analytics.

Unified Case Management System: In 2017, a feasibility study was implemented to evaluate and plan Illinois' approach for improving its enterprise and data systems landscape under Comprehensive Child Welfare Information System (CCWIS) guidelines. The result of the feasibility study was the creation of a Request for Purchase (RFP) and Implementation Advance Planning Document (IAPD) with the goal of moving forward with the CCWIS system development.

IT Governance Board: This has been established and is held on a weekly or bi-weekly basis, as needed. Participation includes the department director, senior deputy directors, the department CIO and involved project sponsors. This process will continue to support IT project efforts moving forward.

Data Management Processes: Significant progress has been made in the area of data management. A dedicated unit has been created to focus on reporting, the creation of a true data warehouse and predictive analytics capabilities. Twenty executive-level dashboards have been created and are maintained for use, as well as seven CFSR-related dashboards, all using Microsoft Power BI data visualization software. The first two iterations of the data warehouse involving Case and Investigation data will be completed by the start of SFY 20, and work is beginning on predictive analytics capabilities utilizing the data warehouse.

## Case Review System – Items 20-24

### Item 20: Written Case Plan

How well is the case review system functioning statewide to ensure that each child has a written case plan that is developed jointly with the child's parent(s) and includes the required provisions?

#### State Response:

Written Case Plan: The state provides a process that ensures that each child has a written case plan, to be developed jointly with the child's parent(s), that includes the required provisions. Specifically, DCFS Procedures 315 provides an outline for how the Service Plan is to be developed through information from the investigation, the integrated assessment, in collaboration with the parents and children, and through regular supervision.

The Administrative Case Review (ACR) Unit has the responsibility and authority to manage the ACR process, and must ensure it complies with Department Rules and Procedures, with federal mandates, and any State or Federal Court Consent Decrees affecting Department practices. The Reviewer advises children and families of their rights, and may limit participation by the child or family when needed. The Reviewer encourages participant discussion regarding the contents of the service plan and additional case dynamics while maintaining the focus of the ACR process. The Reviewer ensures that the goals of safety, permanency, and well-being, as well as the evaluation of progress, are consistent with the facts of the case; that tasks and time-frames are appropriate for the goal; that the child is placed in a safe environment that is the least restrictive setting to meet the child's needs; and provides a written report of the findings. An additional responsibility of ACR is to determine if the services identified in the plan are appropriate for the parents and children. For the current fiscal year 86% of the cases reviewed it was determined that the services identified in the plan were appropriate to address the issues that brought the children into care. ACR also issues alert feedbacks on cases where the service plan was not developed timely and thus delayed services to the family. ACRs are conducted every 6-months.

Administrative Case Review had not previously tracked the number of youth in care placed out of State, nor the frequency that these children are visited by their caseworkers. However, effective April 1, 2017, ACR added a question to the Case Review Information Packet (CRIP) which allowed tracking of out-of-state children and youth and monitor if they were being visited by their case managers per policy and procedure. According to ACR data, when youth are placed out of State the caseworker is seeing them per procedural requirements 73% of the time.

Parental/Stakeholder involvement: ACR data regarding parental involvement in service planning, based upon data of those parents who actually attended the ACR and answered the question: 55% stated they had been involved in the development of the service plan, while 45% indicated they had not.

Parents need to be more involved in case planning in foster care cases, as it directly impacts the strength of other items such as achievement of permanency, preserving connections, and ensuring ongoing assessments and adequate service provision are occurring.

## Item 21: Periodic Reviews

How well is the case review system functioning statewide to ensure that a periodic review for each child occurs no less frequently than once every 6 months, either by a court or by administrative review?

### State Response:

Periodic Reviews: The state provides a process for the periodic review of the status of each child in care that includes the required provisions no less frequently than once every six months, either by court or administrative review.

Two review processes are required by Rule and Procedures to ensure periodic review on the status of every child in the Illinois substitute care system no less frequently than every 6 months: Administrative Case Reviews (ACR) and Permanency Hearings. ACRs focus on the safety, permanency, and well-being of children in substitute care. The first ACR is conducted six months after a child or youth's placement in substitute care. Subsequent reviews are conducted every 6 months thereafter while the child/youth remains in substitute care.

ACR Customer Satisfaction Surveys: Using 12 months of the year and 4 regions, each region is assigned four survey months during the year. Surveying take place for one week within the survey month. The ACR manager will select which week within their month in order to take into consideration the majority of reviews. During that week, surveys are distributed to all participants in every review. The ACR manager will be responsible for the data entry of the completed surveys, but may use a designee if he/she chooses. All data entry will be entered into the SharePoint site. Hardcopy surveys are distributed to parents, youth, foster parents, other professionals, and non-professionals who attend the review. The survey link is sent to caseworkers, supervisors and contracted providers for their completion on-line. This link is set to provide anonymity for the respondent.

*Note: Within Cook County, during the specified survey month, Cook North, Cook Central and Cook South will each choose a week within the survey month. See survey month assignments at the end of this section).*

During FY18 there were a total of 643 surveys submitted statewide: 68 from Cook North, 152 from Cook Central, 27 from Cook South, 40 from Northern, 124 from Central, and 232 from Southern.

The breakdown of survey completion was: Mothers 7%, Fathers 3%, Youth age 12 or older 2%, Foster parents 16%, DCFS workers 11%, Private agency workers 50%, other professionals 5%, and other non-professional 6%. The surveys were mostly positive and narratives from the foster parents and parents stated that the ACR gave them a better understanding of where the case was headed and what they needed to do in order to achieve permanency.

	Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec
<b>Cook</b>	X				X				X		X	
<b>Northern</b>		X				X		X		X		

Illinois Department of Children and Family Services  
2015-2019 Final Report

<b>Central</b>			X		X		X				X	
<b>Southern</b>		X		X				X				X

ACR Data: According to Statewide ACR data obtained from all DCFS regions, Illinois continues to perform well when it comes to ensuring that ACRs are held in a timely manner (within the first six months of placement and then every six months thereafter) as evidenced by the information below:

#35	Percentage of wards receiving required Administrative Case Reviews												
	FY	Annual JUL	AUG	Q1 SEP	OCT	NOV	Q2 DEC	JAN	FEB	Q3 MAR	APR	MAY	Q4 JUN
	2014	96.40%	97.50%	96.90%	97.40%	98.30%	97.60%	94.10%	98.90%	98.20%	98.80%	99.20%	98.80%
	2015	98.24%	98.37%	98.54%	98.86%	97.42%	97.86%	98.42%	97.92%	98.28%	98.21%	98.46%	98.52%
	2016	97.28%	97.31%	98.15%	99.50%	98.74%	98.61%	98.90%	98.56%	98.76%	99.02%	99.08%	99.07%
	2017	99.31%	99.70%	99.23%	99.17%	99.28%	98.59%	99.56%	99.26%	99.34%	99.44%	99.50%	99.17%
	2018	99.07%	98.65%	98.80%	99.40%	99.21%	96.15%	98.60%	98.52%	98.86%	98.88%	99.00%	98.91%
	2019	98.10%	98.69%	98.23%	98.93%	98.54%	97.95%	98.71%	97.33%	98.99%	99.11%	99.19%	99.05%

\*Green highlighted area is estimated

The information in the chart shows statewide data and represents the percentage of children who were eligible for a review and received a review within the appropriate time frames. There are several reasons why all children in care may not be reviewed:

- Child went home prior to review date; review was cancelled, child then came back into care prior to original review month and caseworker did not notify ACR of the need to reschedule the ACR. ACR would receive notice of the child's return to care through the ACR system download from CYCIS that the child was back in care once the updated paperwork is processed by the worker. This child would then be scheduled for an ACR within the next six-month cycle date;
- New baby taken into care and added to the case after the ACR date, however the data entry is back dated so it appears the child came into care prior to the ACR. Again, ACR receives notice from CYCIS and the child is reviewed during the next six-month cycle date

Children and families are informed of their rights to appeal (in accordance with 89 Ill. Adm. Code 337, Service Appeal Process) if they disagree with any portion of the service plan resulting from recommendations made at the ACR or from decisions made by ongoing casework services of their worker. Appeals are conducted by the Department's Administrative Hearing Unit.

A Decision Review is available when a service provider, caregiver, or the caseworker (with supervisor approval) disagrees with any recommendations or usage of authority by the reviewer for interventions to be included or excluded in the service plan. The associate deputy director for ACR, or designee, makes a final decision within 10 working days after the Decision Review.

Illinois Department of Children and Family Services  
2015-2019 Final Report

Neither an appeal nor a Decision Review is allowed when a judge in a juvenile court proceeding issues a court order amending a specific intervention. There has been 1 decision review held in the past fiscal year.

## **Item 22: Permanency Hearings**

How well is the case review system functioning statewide to ensure that, for each child, a permanency hearing in a qualified court or administrative body occurs no later than 12 months from the date the child entered foster care and no less frequently than every 12 months thereafter?

### **State Response:**

During each six-month case review ACR requests that the caseworker bring a copy of the latest permanency hearing order so reviewers can verify that permanency hearings are occurring every six months. During FY18 ACR was able to verify that permanency hearings were completed in 81.6% of the cases reviewed. In 18.4% of the cases reviewed a permanency hearing was not held, or it was held but no signed court order was presented at the ACR for verification. In those instances where ACR was unable to verify a permanency hearing, DCFS Region Legal counsel was notified for their follow up with the agency and/or the courts.

Per DCFS Legal, Cook County has DCFS attorneys in the Court daily to help ensure the permanency hearings are held.

## Item 23: Termination of Parental Rights

How well is the case review system functioning statewide to ensure that the filing of termination of parental rights (TPR) proceedings occurs in accordance with required provisions?

### State Response:

Termination of Parental Rights: The state provides a process for filing of Termination of Parental Rights (TPR) proceedings in accordance with required milestones. Typically, caseworkers will take a case to a legal screening where the DCFS attorney will review the case to see if there are statutory grounds under the Adoption Act to seek termination of the parents' rights. If the case passes screening, the worker forwards that document to the Assistant State's Attorney (ASA) prosecuting the matter in circuit court. If the ASA files a petition for termination of the parent's rights, the matter is set for a first appearance. At this hearing, the parent is told what the allegations against them are. The court may then continue the matter for one or more pre-trials. The termination hearing itself is bifurcated (separated into two distinct parts). The first part is often called the "grounds" or "fitness" portion. At this hearing, the State presents evidence to show the parent is unfit, unwilling, or unable to exercise parental rights. The State must prove this by clear and convincing evidence. If the State meets its burden of proof, the hearing continues onto the "best interest" portion. This may occur the same day as the "grounds" portion, but it does not necessarily have to be held the same day. At the "best interest" hearing, the ASA will present evidence to support the statutory factors showing it is in the best interest of the minor(s) that the parents' rights are terminated. It is possible that a court would find a parent unfit at the grounds hearing, but subsequently rule that it is not in the best interest of the child that parental rights be terminated. However, if the court deems that the best interest of the child will be served by terminating the parent's rights, then it will enter an order to that effect.

While Illinois has a well-articulated process in place for TPR in conjunction with the juvenile court, the timeliness of TPR in accordance with the Adoption and Safe Family Act (ASFA) continues to be a challenge.

Efforts to address barriers and effect change in this area (i.e. the Illinois PIP) have not yet resulted in sustainable improvement.

The AOIC implemented steps during the Child and Family Services Review Program Improvement Plan (CFSR PIP) period aimed at improving time to child permanency; this includes judicial training on permanency hearings and TPR proceedings. The AOIC developed the Enhancing Permanency Practice in Illinois: A Judicial Training and Road to Permanency and Best Practices in Termination of Parental Rights Proceedings. The AOIC continues to periodically offer the trainings. They have been well received with high evaluation results.

Adoption Safe Family Act (ASFA) Compliance: During the past four fiscal years ASFA compliance has averaged at 82.68. ACR has seen an increase in ASFA compliance over the past three years. This information comes from the ACR Special Needs data.

A specific question asks, "If the child/youth was eligible (in care 15 out of the most recent 22 months), was the Adoption Safe Family Act protocol completed?" Possible answers are Yes/No/NA. NA is reserved for those cases that are not in care 15 out of the most recent 22 months. The number of yes responses is shown along with the total with a response of Yes or No. The form is brought to ACR to verify that the ASFA was completed, or outlines an exclusion to completion.

Illinois Department of Children and Family Services  
2015-2019 Final Report

	Clients Reviewed requiring ASFA	Clients ASFA meeting
FY15	12,518	9,058 72.4%
FY16	10,941	8,687 81.2%
FY17	11,939	10,382 87.0%
FY18	11,973	10,786 90.1%

The following compelling reasons were noted through ASFA non-compliance utilizing responses from the ACR Case Review Information Packet (CRIP) as to why TPR was delayed or not filed:

- There is a permanency goal of return home and reunification: 33.3%
- The child is being cared for by a relative: 31.6%
- The child is age 14 or older and objects to being adopted: 18.5%
- Court related delays: 6.2%
- Casework related delays: 1.6%
- The child has severe emotional/behavioral problems or serious medical condition: 1.6%
- Other not specified delays: 7.2%

## Item 24: Notice of Hearings and Reviews to Caregivers

How well is the case review system functioning statewide to ensure that foster parents, pre-adoptive parents, and relative caregivers of children in foster care are notified of, and have a right to be heard in, any review or hearing held with respect to the child?

### State Response:

Notice of Hearings and Reviews to Caregivers: Parents are initially informed of their right to be heard at court and the ACR through the publication "Substitute Care and Your Child" that is given to the parents at the time protective custody is taken. As it relates to court, the booklet states "it is important that you (parent) attend the hearing so the Judge can hear what you have to say about what has happened." The booklet goes on to discuss the various types of court hearings and reiterates the parents right to attend and be heard by the Judge. The booklet also states the following as it relates to the parents right to be heard at the ACR: "It is very important for you to go to the ACR. The ACR gives you and your children the chance to tell how you feel about the services you are receiving and how you are getting along. It gives you the chance to ask questions. It gives you the chance to tell about any disagreements you have with the service plan." In addition, the ACR invitational letter mailed to parents 21 days prior to the ACR date contains the following language as it relates to their right to be heard. "It is very important that you attend this ACR, as we are interested in hearing from you regarding how services are progressing, as well as the appropriateness of the services being provided to you and your child as outlined in the service plan and what the issues, problems, or services that you require that are not in place." "During the ACR, you will have the opportunity to discuss your service plan, as well as ask questions because you have an important say in the outcome."

The state provides a process for foster parents, pre-adoptive parents, and relative caregivers of children in foster care to be notified of, and have a right to be heard during the ACR with respect to the child and family services. Upon scheduling completion, the Department sends official notification to all persons listed on the Case Review Monthly Roster (CRMR) who are to be invited to the ACR. A written notice indicating the date, time, location and purpose of the Administrative Case Review is mailed 21 days prior to the ACR to ensure the notice is received a minimum of 14 days before the scheduled review. This notice goes to the parents (and informs them of their rights to bring a representative to the review); the child, if age appropriate (12 or older); the child's caregiver; the caseworker; the child's Guardian ad Litem/CASA downstate, GAL and Public Defenders in Cook County and all others whom the caseworker identifies to attend. Should any logistical changes be made to the scheduled ACR, revised letters are generated to inform the invitee of the change in date, time and/or location. In Cook County, the GAL and Public Defender contact the respective ACR office to confirm their attendance and are apprised of any logistical changes at that time.

To increase parental participation in the service planning and case review process, as well as comply with House Bill 5551, a protocol was developed to notify and invite incarcerated parents to participate in the case reviews via phone conference. There continues to be upward and downward trends as it relates to these parents' participation in the Administrative Case Review.

When an ACR is scheduled, a notification record is created for each parent, step-parent, worker, etc. This information comes directly from the ACR notification data. ACR staff can also add additional participants as needed. All participants are invited, unless parental rights have been

Illinois Department of Children and Family Services  
2015-2019 Final Report

terminated (for parents), or unless they are specifically marked not to be invited due to a safety concern. A nightly process uses this information to generate notices (email for casework staff, physical letters for others) and then marks that notification record as having been generated.

Administrative Case Reviews are to be held in an accessible locale of the biological family's residence. However, due to case dynamics, Administrative Case Reviews may sometimes be held outside of a family's catchment area with managerial approval. Participants may also request to participate by telephone and consideration is given based upon case dynamics.

The mechanisms in place to notify parents and caregivers of the ACR is only as good as the data inputted into SACWIS or provided to ACR by caseworkers. While there is no exact data, ACR continues to receive several returned notifications each month due to incorrect addresses. Additionally, notifications might show as not being sent when there is a late reschedule of the ACR, which does not allow sufficient time to mail a new notice. ACR has seen increased numbers of rescheduled ACR's due to staffing shortages and high turnover of caseworkers.

	Reviews Scheduled	Reviews with notices sent	Potential Notifications (parents, foster parents, youth, GAL, etc)
FY14	17,938	17,753 98.97%	76,364
FY15	17,866	17,659 98.84%	76,765
FY16	17,408	16,823 96.64%	80,984
FY17	17,007	16,268 96.65%	78,771
FY18	16,863	16,319 96.77%	77,379

The chart captures data for all participants who are required to be invited to the ACR: Parents (if they maintain their legal rights), Children (age 12 and older), foster parents, and caseworker(s). The caseworkers may also request that other participants be invited to the ACR: GAL, counselors, youth under age 12, CASA, family advocates, etc. The potential notifications reflect all those associated with the cases that may be invited; but, are not required to be invited.

Illinois Department of Children and Family Services  
2015-2019 Final Report

In regard to notification of court hearings, if the parents attend the court hearings, they are given notice of the next scheduled hearing at that time, both verbally and with a copy of the Notice of Hearing. If the parents are not in attendance, then the Notice is typically mailed to them, or given to their attorney to serve them notice. The Administrative Office of the Illinois Courts (AOIC) has stated that they do track Notice in relation to the petition filing and the removal, but not at each hearing. The courts do not track notice that may be given to the caregivers, as they have been advised that the caseworker will notify the caregivers of the court dates and of their right to be heard. DCFS does not track this information at this time.

## Quality Assurance System

### Item 25: Quality Assurance System

How well is the quality assurance system functioning statewide to ensure that it is (1) operating in the jurisdictions where the services included in the CFSP are provided, (2) has standards to evaluate the quality of services (including standards to ensure that children in foster care are provided quality services that protect their health and safety), (3) identifies strengths and needs of the service delivery system, (4) provides relevant reports, and (5) evaluates implemented program improvement measures?

#### State Response:

The Quality Assurance case reviewing entities for DCFS include:

1. Division of Quality Enhancement (see Ch 10 for the specific programs, interventions, and activities)
2. Agency Performance Teams (APT) in each of the four Regions monitor private agency Intact and Placement performance through case review and dashboards,
3. Administrative Case Review (ACR) reviews case documentation and interviews parents, children/youth and foster parents/caregivers regarding service delivery and progress towards permanency twice a year for every child in substitute /foster care
4. Residential Monitoring uses case review and survey to address concerns and improve services for children/youth receiving treatment in residential facilities.

These entities charged with quality assurance, monitoring and improvement operate statewide for both DCFS and POS agencies and utilize case reviews, administrative data, scorecards and dashboards to identify strengths and needs, evaluate quality of service and the service delivery system and supports continuous quality improvement activities.

During the past year, DCFS has developed and/or enhanced standardized dashboards scorecards and reporting to support decision making and monitoring and tracking improvement.

Executive Scorecards have been developed and validated by QE staff to track metrics at a state and regional level. There is capability to drill down to team and agency levels that is not currently in production but planned for the near future. The Executive Scorecard is an internal management tool to help DCFS leadership monitor performance across the system. The Scorecard is updated on a quarterly basis and analyzed at agency leadership meetings as part of ongoing CQI efforts. The Scorecard has also been shared at regional level leadership meetings. Because data is broken out by region, Regional Administrators can then work with their teams to understand what is driving their performance.

Power BI is a new software that DCFS purchased to enhance the display of the active foster care youth, and CFPSR measures. Validation of the metrics has been a collaborative effort with the Office of Information Technology, Quality Enhancement and Chapin Hall. All QE staff have access and received training in producing reports. All DCFS Regional Administrators and Area Administrators participated in an in-service on May 20, 2019. Expansion to POS is planned. CFPSR data will be shared with DCFS and private providers. Currently, data is broken down by region. Work is being done to provide data at the provider agency and team level. Performance will be monitored by Agency Performance Team staff, who will use the information in monthly

Illinois Department of Children and Family Services  
2015-2019 Final Report

performance check ins. DCFS has made research requests to university partners to try to determine the factors driving performance (Maltreatment in Care).

Performance Dashboards the Agency Performance Data Site ensures that both DCFS and POS staff can directly view their own agency data and case specific data at any given time for the purposes of viewing performance for the past year, current year and last month and identifying and rectifying data quality issues. Performance against these dashboard measures is monitored by Agency Performance Team staff, who use this information in monthly performance check ins. If necessary, corrective action plans are developed and tracked. An agency might be placed on intake hold so that they have the space to make program improvements.

Permanency Enhancement (PEP) Data produced by Chapin Hall and shared with university partners specifically interested in the disproportionality and disparity of children of color in the child welfare system. This data has been of specific interest to court personnel and is shared during Permanency Action Teams and Court Improvement teams. These teams are comprised of DCFS, POS, court personnel, as well as other stakeholders specific to different teams in each of the Regions.

AD Hoc report requests have now been automated through a DNET link. Some examples of ad hoc reports include office level caseload reports, regional level permanency reports and agency level child and family team meeting reports. Caseload reports are used weekly to determine projected hiring. Regional level permanency reports are used weekly to target assistance to agencies on submitting adoption and guardianship subsidy packets. Child and Family Team Meeting reports are used to determine which cases will receive case reviews.

In addition, to the above data sets, DCFS has multiple avenues for gathering performance data from its network of data systems which covers the life of a child and family's time with the Illinois child welfare system. A variety of data reports are accessible to staff via ICSW (SACWIS) system as well as CYCIS and other legacy systems to assist the field in managing their work towards improved outcomes.

Developing, validating, and improving access to data and the quality of the data has been a lengthy process. With the availability of the above data reports, scorecards and dashboards, the following questions are being integrated within the CQI statewide and regional collaborative team meetings for ongoing assessment of the Quality Assurance system and the CQI process effectiveness.

1. How do we use data to support decision-making?
2. What are examples of decisions that have been made based on the data?
3. How do we know that our improvements efforts are working?
4. What are examples of the improvements identified from the CQI process?
5. Have there been activities abandoned because the CQI process has shown that efforts and activities are not effective?

### Council on Accreditation (COA)

The State is COA accredited which requires passing CQI standards. In Illinois, DCFS and the contracted POS agencies are required to be COA accredited. As well as being part of the larger statewide quality assurance system that includes monitoring an improvement, POS agencies have internal quality assurance and CQI processes in place. COA standards require a CQI plan,

Illinois Department of Children and Family Services  
2015-2019 Final Report

case review, customer satisfaction surveys, risk prevention management, and program evaluation. While DCFS continues to improve accessibility to data sets, there is purpose in increasing the availability of data to the POS.

Stakeholder Feedback Processes:

The Department's CQI related infrastructure, Statewide and Regional Quality Councils, along with Child Welfare Advisory Committee (CWAC) and various Advisory Groups are the vehicles utilized for providing feedback to DCFS stakeholders on the results of CQI related activities and for obtaining their feedback.

Members of CWAC, which is comprised of DCFS and POS leadership, meet bi-monthly in sub-committee structures where information is shared and member feedback is solicited on key initiatives such as Federal Waivers, impending policy changes, resource allocation and contract negotiations. DCFS leadership participates in all regional statewide advisory groups (i.e. Foster Parent and Adoption Advisory Councils, Youth Advisory Boards, Partnering with Parents Councils, etc.) where stakeholders provide feedback and contribute to policy related discussions.

Strengths are the following:

- There are established CQI processes that collect and evaluate data on a regular basis
- The Department is relaunching the statewide CQI framework that includes both DCFS and POS with an added focus of overseeing the CFSR PIP
- University partnership provides training and additional CQI support for DCFS and POS providers
- Regional Private Agency provider meetings which bring DCFS and POS staff together for joint problem-solving
- The State is COA accredited which requires passing CQI standards. POS agencies are required to be COA accredited.
- The CQI Community, while not a DCFS structure or entity, it is a strength for the system as a whole

Needs are as follows:

- Improve communication between CQI infrastructure and Stakeholders/DCFS Advisory Groups
- Improve external stakeholder participation in the Department's internal CQI committees
- Ongoing focus on improving data quality
- Add to/enhance the Agency Performance Data Site and make data more quality rather than compliance focused
- Improving data accessibility to POS and transparency to the public

## Staff and Provider Training – Items 26-28

### Item 26: Initial Staff Training

How well is the staff and provider training system functioning statewide to ensure that initial training is provided to all staff who deliver services pursuant to the CFSP that includes the basic skills and knowledge required for their positions?

*Staff, for purposes of assessing this item, includes all contracted/non-contracted staff that has case management responsibilities in the areas of child protection services, family preservation and support services, foster care services, adoption services, and independent living services pursuant to the state's CFSP.*

Please provide relevant quantitative/qualitative data or information that show:

- staff receive training pursuant to the established curriculum and time frames for the provision of initial training; and
- how well the initial training addresses basic skills and knowledge needed by staff to carry out their duties.

### State Response:

**Initial Staff Training:** The State has operated a training program to ensure that new and transfer direct-service staff receive the skills and knowledge required for their positions over the past 5 years. In this time, the Office of Learning and Professional Development (OLPD) has continuously reviewed and updated Foundations training programs to improve the curriculum and the methods of delivery that strengthened the proficiency of staff serving in the front-line areas of Investigations, Intact and Permanency Casework, Adoptions, and the Child Abuse Hotline.

Some of the highlights of Initial Staff Training over the past 5 years include:

- In 2015 the curriculum for Investigator training became competency-based, a true hybrid designed to meet the needs of the online learner as well as the classroom learner.
- Simulation trainings began in 2016, and in 2017 the first Residential Simulation Lab was created and began training investigators. This was expanded to Chicago in 2019.
- A Mock court room was also created at UIS (University of Illinois at Springfield) for training investigators.
- In 2018, training for Intact and Permanency Caseworker was redesigned to incorporate classroom, webinar and on-the-job training for new/transfer staff.
- Subject matter curriculum has been added and improved every year.

The OLPD has used evaluation tools to seek feedback regarding trainings, and this has been a significant impetus toward change. Throughout the past 5 years, evaluations themselves have been redesigned to better capture accurate information

Participants completing Foundations from 4/1/2018-5/31/19:

- Investigations	242
- Intact Casework	233
- Permanency Casework	661
- Child Abuse Hotline	1,179

## Item 27: Ongoing Staff Training

How well is the staff and provider training system functioning statewide to ensure that ongoing training is provided for staff that addresses the skills and knowledge needed to carry out their duties with regard to the services included in the CFSP?

Please provide relevant quantitative/qualitative data or information that show:

- that staff receive training pursuant to the established annual/bi-annual hour/continuing education requirement and time frames for the provision of ongoing training; and
- how well the ongoing training addresses skills and knowledge needed by staff to carry out their duties with regard to the services included in the CFSP.

### State Response:

**Ongoing Staff Training:** The state is operating a staff development and training program that provides ongoing training to address the skills and knowledge that are needed to carry out duties with regard to the services included in the Child and Family Services Plan (CFSP) and State law.

While the Foundations, Fundamentals and In-service trainings meet the training requirement to provide the knowledge and skill needed by newly hired staff, the Office of Learning and Professional Development is continuously improving the quality of the training programs. During FY 19 three new curricula design and developers were hired. All in-service curricula for staff have been evaluated and revisions are being made to be launched and continued throughout the fiscal year.

Some of the highlights over the past 5 years have included:

- The Family Centered, Trauma Informed, Strength Based Core Practice Model (FTS) was introduced in 4 pilot sites in 2017.
- From the FTS Model also came the Illinois Model of Supervisory Practice, which began in the pilot sites, but in 2018 training began in regions around the State.
- The addition of numerous subject matter trainings each year, as new laws, information or priorities have dictated. Many of these have eventually become a part of Foundations trainings.
- The flexibility of staff to engage in trainings on-line, via webinars or in a classroom.

## Item 28: Foster and Adoptive Caregiver Training

How well is the staff and provider training system functioning to ensure that training is occurring statewide for current or prospective foster parents, adoptive parents, and staff of state licensed or approved facilities (that care for children receiving foster care or adoption assistance under title IV-E) that addresses the skills and knowledge base needed to carry out their duties with regard to foster and adopted children?

Please provide relevant quantitative/qualitative data or information with respect to the above-referenced current and prospective caregivers and staff of state licensed or approved facilities, that care for children receiving foster care or adoption assistance under title IV-E, that show:

- that they receive training pursuant to the established annual/bi-annual hourly/continuing education requirement and time frames for the provision of initial and ongoing training.
- how well the initial and ongoing training addresses the skills and knowledge base needed to carry out their duties with regard to foster and adopted children.

### State Response:

**Foster and Adoptive Caregiver Training:** The State has operated foster and adoptive caregiver training to provide caregivers with the skills and information needed to carry out their duties with regard to the children in their care.

Some of the highlights over the past 5 years include:

- In March 2015, a national symposium was held to begin revising foster and adoptive parent curriculum to incorporate more trauma-informed information and practices. The revised curriculum for traditional foster care training was facilitated as classroom, hybrid and online training, while an online-only training was created for relative caregivers.
- Over the past 5 years, the training hours necessary to become a foster parent was increased from 27 hours to 39 hours for traditional foster care, and from 6 hours to 18 hours for relative foster parents.
- Orientation training for relative foster parents was developed in 2017 due to the high rate of unusual incident reports of violation of court orders and safety plans.
- Additional trainings have been added to the curriculum for ongoing foster care training,
- Evaluation surveys have been completed at the end of trainings, which has guided the development and revision of trainings.

## Service Array and Resource Development – Items 29 and 30

### Item 29: Array of Services

How well is the service array and resource development system functioning to ensure that the following array of services is accessible in all political jurisdictions covered by the CFSP?

- Services that assess the strengths and needs of children and families and determine other service needs;
- Services that address the needs of families in addition to individual children in order to create a safe home environment;
- Services that enable children to remain safely with their parents when reasonable; and
- Services that help children in foster and adoptive placements achieve permanency.

Please provide relevant quantitative/qualitative data or information that show:

- The state has all the above-referenced services in each political jurisdiction covered by the CFSP;
- Any gaps in the above-referenced array of services in terms of accessibility of such services across all political jurisdictions covered by the CFSP.

### State Response:

Service needs in Illinois child welfare are often initially assessed by an investigator who first encounters the family, who may be in a state of crisis. When cases are “handed off” to a caseworker, either for an intact family or a placement (foster care) case, the investigator will make their initial recommendations for services that may benefit the family, and may have even referred the family or individual members of the family to a service that may have begun. This provides the caseworker with important information from which to begin their engagement with the family, and continued assessment of service needs.

In placement cases, licensed clinical professionals are utilized to complete the Integrated Assessment to help provide a thorough and inclusive assessment. Extensive interviews occur to allow the family to tell their story, offer information, and provide input into the needs of their family. Over the past five years, intact family caseworkers completed the Integrated Assessment in much the same manner. Integrated Assessments continue to be used as a primary tool to assess a family’s strengths, needs and abilities, as well as to help form recommendations on needed service plan items to maintain the family or to bring children back home safely.

Over the past 5 years, Illinois has relied upon its Statewide Provider Database (SPD) now updated and renamed the Service Provider Identification and Exploration Resource (SPIDER) which lists services including (but not limited to) Mental Health Counseling, Psychiatric Care, Substance Use, Domestic Violence, Parenting Support, Early Childhood Development, Mentoring, and positive Recreational activities. SPIDER has completed or furthered all of the goals stated in the previous CFSP including geocoding all agencies and programs to visually represent the concentration of services and services gaps in rural areas. Almost 700 programs have been updated this past quarter alone (January-March 2019) to ensure that

Illinois Department of Children and Family Services  
2015-2019 Final Report

- referral and waitlist information is accurate
- providing a search option for different payment types such as Medicaid, Sliding Scale and Free
- entering a search option for languages (which is in the process of being further expanded in the coming months)
- improving data entry capabilities to show if programs are trained in cultural competency.

There are continued goals that were mentioned the previous CFSP that are currently in progress and will be explored more in the 2020-2024 CFSP.

In addition to these community-provided services, Illinois has implemented a number of services over the past five years that strive to fill gaps in services that exist geographically or therapeutically. Some of these programs are described below:

- Core Practice Model – Includes enhancement of Illinois' Child and Family Team Meeting structure, which provides for client-directed meetings and problem solving. This has been implemented in a number of sites and is being rolled out across the State over time.
- Therapeutic Foster Care – Provides effective treatment for high-needs youth, as it offers more intensive, yet flexible services to meet the needs of the youth and families.
- Wrap Programs – Have been piloted in areas across the state, and are specifically targeted to serve families that may benefit from intensive home-based programs, either intact or foster care.
- Transportation – Is a needed service, particularly in rural areas, so that all families and youth can access services in surrounding areas.

While state budget issues have impeded some progress over the past five years, it has not stopped DCFS and our community partners from continuing to strive to improve the services needed by our children and families. The 2020-2024 CFSP will describe our continued improvement efforts.

### **Item 30: Individualizing Services**

How well is the service array and resource development system functioning statewide to ensure that the services in item 29 can be individualized to meet the unique needs of children and families served by the agency?

- Services that are developmentally and/or culturally appropriate (including linguistically competent), responsive to disability and special needs, or accessed through flexible funding are examples of how the unique needs of children and families are met by the agency.

#### **State Response:**

Over the past 5 years DCFS has continued to strive for improvement in insuring that the individualized needs of children and families are met whenever they encounter Illinois child welfare and a need for services. Not only does DCFS and its private agency partners employ bi-lingual employees whenever possible, but a 24-hour language line is also available when other languages are needed, and interpreters are hired via private contract when required.

DCFS's training website offers all child welfare staff and foster parents training, information and/or links to other websites on issues such as Working with Deaf and Hard-of-Hearing Individuals, information "tip sheets" on issues such as Cerebral Palsy, Autism, Epilepsy and Sickle Cell, as well as links to a teen parenting services network, and a Chicago community resource directory.

DCFS is also offering individualized services in the form of the Therapeutic Foster Care and Wrap Programs that were introduced in Item 29. Also introduced in the last item was the SPIDER database.

Since SPIDER's inception, there have been continued improvements made and currently search functions not only include searching by Distance, by Service Offered In-Home, and by Payment Types accepted, but also contains searches by languages: English, Spanish and Polish; and target population: Developmentally Disabled, Juvenile Offenders, LGBTQI, Physically Challenged/Medical Complex and Trauma Survivor, just to name a few.

SPIDER also includes other "Helpful Links" that offers the reader direct links to SAMHSA (Substance Abuse and Mental Health Services Administration) Treatment Locator, NowPow and Purple Binder, which are two online resources to search for needed services.

The SPIDER database can be found at: <https://spider.dcf.illinois.gov/Search/SearchAgency>

## Agency Responsiveness to the Community – Item 31 and 32

### Item 31: State Engagement and Consultation with Stakeholders Pursuant to CFSP and APSR

How well is the agency responsiveness to the community system functioning statewide to ensure that in implementing the provisions of the CFSP and developing related APSRs, the state engages in ongoing consultation with Tribal representatives, consumers, service providers, foster care providers, the juvenile court, and other public and private child- and family-serving agencies and includes the major concerns of these representatives in the goals, objectives, and annual updates of the CFSP?

#### State Response:

Illinois Department of Children and Family Services (IDCFS) has engaged in ongoing consultation with stakeholders and response to community concerns that directly affect children, youth and families in Illinois over the past five years. Longstanding relationships with private agency partners, courts, substance abuse and mental health agencies, universities, as well as foster and adoptive families, and biological families and youth have always been important in Illinois child welfare. Some of these stakeholders are represented by Advisory Groups or Councils across the State.

Advisory boards associated with Illinois child welfare fall within the following categories:

- *People We Serve*: Youth Advisory Board, PWP Birth Parent Council, Statewide Foster Care Advisory Board and Illinois Adoption Advisory Committee.
- *Community, Culture & Heritage*: African American Advisory Council, Asian American Advisory Council, Latino Advisory Council, Indian Child Welfare Advisory Council
- *Governance*: Institutional Review Board, Child Day Care Licensing Advisory Council, Child Welfare Employee Licensure Board
- *Promoting Family Well-Being*: Adoption Registry-Confidential Intermediary Advisory Council, Child Endangerment Risk Assessment Protocol, Child Welfare Advisory Council, Success by 25
- *Citizen Review Panels*: Children's Justice Task Force; Child Death Review Teams; Illinois Children and Family Services Advisory Council; Statewide Citizen's Committee on Abuse and Neglect

Advisory board members represent people from all walks of life as well as every capacity and facet of the child welfare system. Each brings a breadth and depth of knowledge and expertise as they work on behalf of the families and children of Illinois. Each group has helped promote prevention, child safety, permanency and well-being with their engagement into issues and activities to advance improvements in the child welfare system. Below is information that describes the activities of some of these groups within the past years.

**Partnering with Parents (PWP):** PWP developed key community partnerships to advance the birth parent perspective:

Illinois Department of Children and Family Services  
2015-2019 Final Report

- A key partnership with Illinois Department of Juvenile Justice developed an outreach program where birth parents were hired to serve as mentors to other parents new to the child welfare system.
- At University of Illinois, PWP worked directly with the School of Social Work Steering Committee to offer the birth parent perspective to enhance the child welfare social services curriculum.
- PRIDE (Foster Parent) Training provided new child welfare staff the birth parent perspective to service delivery, programs and involvement with IDCFS.
- Birth parents involved with PWP have helped to educate staff on concerns of children 0-3 years of age in the IB3 program and reviewed outcome data from external agencies.
- Birth parents have participated in the voluntary Court Appointed Special Advocate (CASA) program for Cook County Juvenile Court System.
- Fathers active in the PWP have participated in the Statewide Learning Collaborative, an initiative that led to the development of a Father Engagement Curriculum co-sponsored by Northwestern University and DCFS.

**Illinois Adoption Advisory Council (IAAC):** IAAC provided advocacy to Illinois child welfare on both adoption and post-adoption issues. In the past few years, IAAC has:

- Helped to improve training that is both trauma-informed but also adoption-informed to adoptive parents and professionals working with post-adopt and guardianship youth.
- IAAC established Adoption Support and Preservation (ASAP) to offer input on the development of a post-adoption web site and phone line, promoting the belief that needing and asking for help as adoptive parents is something that is normal and to be expected.
- IAAC served as part of a steering committee for the national QIC/AG/TARGET grant and provided feedback to improve the five-year grant and services to youth and families. The QIC/AG TARGET grant allowed the Department to provide a trauma-informed, evidence-based treatment modality to youth previously in care who had been adopted or placed into a guardianship home.
- *Illinois Now and Forever* is a statewide newsletter designed to inform, update and inspire adoption statewide. The Department has renewed its commitment to publish this at least six times per year.

**The African American Advisory Council (AAAC)** has been influential in ensuring that DCFS and its private agency partners provide culturally sensitive, appropriate and competent services to African Americans. The council functions as an advisor to child welfare leadership regarding the provision of services to minority clients and contractual agents, as well as the recruitment, employment, and professional development of people of color. Among the other work of the AAAC have been:

- Partnered with Illinois State University to assist in marketing efforts in the Central Region to recruit youth in care for the University's first Star Academy Program.
- Coordinated efforts with professors at University of Illinois Chicago - Jane Addams School of Social Work and Illinois State University to present education initiatives that would improve higher education access, enrollment and success for foster care alumni in Illinois.

## **Item 32: Coordination of CFSP Services with Other Federal Programs**

How well is the agency responsiveness to the community system functioning statewide to ensure that the state's services under the CFSP are coordinated with services or benefits of other federal or federally assisted programs serving the same population?

Please provide relevant quantitative/qualitative data or information that show the state's services under the CFSP are coordinated with services or benefits of other federal or federally assisted programs serving the same population.

### **State Response:**

There have been leadership changes at DCFS during the past five years. In this time frame Illinois experienced budget cuts, eventually leading to a budget impasse that resulted in a negative impact to social service agencies and the services and programs they provide Illinois' most vulnerable populations. Despite the lack of funding, the Department has been consistent in its pursuit of meaningful and strategic engagement and relationship building with intergovernmental agencies, as well as other stakeholders, to advance policy, programs, services and initiatives that directly touch those we serve.

From 2015 to 2019 IDCFS partnered with other State Agencies via numerous Intergovernmental Agreements (IGA's). IGA's have allowed the Department to coordinate work, share information, and continually seek improved methods of providing the children of Illinois with safety, permanency and well-being. The agencies with whom IDCFS has ongoing IGA's include, but is not limited to, the following:

1. IECMHC - Infant and Early Childhood Mental Health Consultation
2. HRSA - Health Resources and Services Administration
3. SAMHSA - Substance Abuse and Mental Health Administration
4. ACF - Administration for Children and Families
5. EDC – Education Development Center, Inc.
6. Georgetown University Center for Child and Human Development
7. Social Security Administration

In addition, IDCFS has developed agreements with the Department of Healthcare and Family Services, Department of Human Services, Illinois State Board of Education, and the Illinois Department of Juvenile Justice.

IDCFS partnered with SAMHSA, EDC, HRSA and ACF, to establish the Center of Excellence (CoE) for IECMHC in 2015. The CoE has supported Illinois and other states, tribal nations, and communities in the use of IECMHC. CoE supports youth and children's social emotional development, helps to understand and address challenging behavior to strengthen the capacity of staff, families, programs and systems to meet the relational needs of infants, toddlers and young children. A toolbox was created by leaders and experts in the field of early childhood development, mental health consultation to meet the needs of the field, and support infants, young children and their caregivers. The IECMHC toolbox has helped to bring about increased awareness in core content areas via more than 30 final products from PDF's, interactive products, and videos. The IECMHC toolbox has been able to accomplish the following:

Illinois Department of Children and Family Services  
2015-2019 Final Report

- 1) Synthesize existing information about the latest research and best practices for IECMC in home visiting and early care and education programs.
- 2) Develop resources and/or strategies to fill gaps in key areas of knowledge including but not limited to racial disparities, building the workforce.
- 3) Implement IECMHC within home visiting programs and tribal communities.

SSI/SSA - DCFS continues to serve as representative payee for youth's benefits and facilitates the social security number card process for verifying SSNs through SSA. The Department has been able to reimburse about \$19M in costs of care for youth in care. DCFS has also been working on a data exchange of system information with SSA consistent with legislative changes.

DCFS has engaged, consulted and coordinated activities with stakeholders across the spectrum of child welfare to address issues of importance to children, youth and families and it will continue this effort to improve the lives of the people we serve.

## **Foster and Adoptive Parent Licensing, Recruitment, and Retention – Items 33-36**

### **Item 33: Standards Applied Equally**

How well is the foster and adoptive parent licensing, recruitment, and retention system functioning statewide to ensure that state standards are applied to all licensed or approved foster family homes or child care institutions receiving title IV-B or IV-E funds?

Please provide relevant quantitative/qualitative data or information that show the state's standards are applied equally to all licensed or approved foster family homes or child care institutions receiving title IV-B or IV-E funds.

#### **State Response:**

The Department continues to work towards consistent application of foster home standards across the state. DCFS would like to ensure that licensed foster parents receive the same information, understanding and implementation of licensing standards by foster home licensing staff. The objective is to increase credibility and trust of licensing staff from licensed foster parents, which will result in better communication and improved relationships between foster home licensing staff and the foster parents they serve.

Newly adopted federal licensing standards address the need for best interest/expanded capacity waivers of licensing standards. The Illinois foster home licensing rule (Rule 402) already provides the authority to the Director to waive licensing standards when it is found to be in the best interest of a youth in care, and is not prohibited by law. Policy Guide 2018.10 was developed regarding licensing waivers and was issued on 7/10/18. Policy Guide 2018.10 provides procedural steps in how to request a waiver of a licensing standard, including the forms to be used and specific electronic mailbox in which to submit them. 63 best interest waivers were processed from June 2018 to April 2019. Of the 63 waiver requests, 57 were approved, 6 were denied. 20 requests came from homes licensed and supervised by DCFS, while 43 requests came from private agencies. All regions throughout the state submitted requests for licensing waivers.

Department foster home licensing staff in each region of the state investigated and provided a disposition on alleged violations of foster home licensing standards (Rule 402). DCFS Foster Homes Only: Between 7/1/18 and 4/1/19, a total of 151 complaints were taken and received a disposition.

Purchase of Service (POS) foster home licensing staff in each region of the state investigated and provided a disposition on alleged violations of foster home licensing standards (Rule 402). Between 7/1/18 and 4/1/19, a total of 381 licensing complaints investigations regarding POS licensed foster homes across the state that were taken, investigated and received a disposition.

The Department has implemented several processes this fiscal year to ensure that standards are applied equally:

- Each quarter, Department licensing staff conducts peer reviews of licensing files to ensure consistency in practices through standardized evaluation and supporting documentation. Only licensed child welfare agencies can provide foster care services, with each agency required to meet standards and submit to annual monitoring by the Department. This

Illinois Department of Children and Family Services  
2015-2019 Final Report

includes file reviews of private agencies to ensure compliance with licensing standards. In addition, all licensed child welfare agencies are required to meet standards and be in good standing with the Council on Accreditation (COA).

- A training curriculum has been developed relating to Rules, Procedures and Policies that guide licensing staff when receiving an initial inquiry into fostering, or initial application for licensure. In addition to the objective of understanding licensing rule and procedures, this training includes an emphasis on how to build a more empathetic, trusting and supportive relationship, from the time of an initial call/inquiry, to the time the license is issued. The quality of the relationship built with foster parents during the initial inquiry/call and application process will carry over to more open communication during required monitoring visits to the home and abilities to request support during the time a youth in care is placed in the home. Open communication is expected to improve the stability of the foster home through obtaining and maintaining compliance with licensing rules, including foster parents' responsibility to support family reunification for youth in care placed with them. To date, there have been 12 separate training sessions on this topic, with a total of 299 licensing staff having participated. To make further progress towards meeting this goal, training will continue to be provided to foster home licensing staff.
- The subject of a second training curriculum covers Rules, Procedures and Policies regarding licensing monitoring, compliance, and enforcement. This training also emphasizes the need for empathy and support for foster parents who receive a visit from a licensing representative who is there to investigate an alleged violation of the licensing standards. If there is a trusting relationship established between licensing staff at the time of a complaint investigation, it will create less stress and allow for resolution of any issue related to their license. There have been 386 licensing staff take the training in 15 separate sessions, and this training continues to be offered.
- The Office of Licensing has placed reasonable & prudent parenting requirements in foster home licensing standards. The Department's Office of Learning & Professional Development now requires all persons applying for foster home licensure to take the reasonable and prudent parenting curriculum as part of the pre-service training.

### **Item 34: Requirements for Criminal Background Checks**

How well is the foster and adoptive parent licensing, recruitment, and retention system functioning statewide to ensure that the state complies with federal requirements for criminal background clearances as related to licensing or approving foster care and adoptive placements, and has in place a case planning process that includes provisions for addressing the safety of foster care and adoptive placements for children?

Please provide relevant quantitative/qualitative data or information that show the state is complying with federal requirements for criminal background clearances as related to licensing or approving foster care and adoptive placements and has in place a case planning process that includes provisions for addressing the safety of foster care and adoptive placements for children.

#### **State Response:**

The Department's goal is to consistently apply background check requirements across the state to better ensure the safety and well-being of youth in care. The Department has a central office of licensing, with the background check staff located in one office, under the same supervisor and administrative staff. The electronic system used by licensing staff does not allow for a license to be issued until all background requirements for applicants and household members have been reviewed and data entered as "cleared." Audits undertaken over the past 5 years have not resulted in any finding that a license was issued without the benefit of a complete background check.

## Item 35: State Use of Cross-Jurisdictional Resources for Permanent Placements

How well is the foster and adoptive parent licensing, recruitment, and retention system functioning to ensure that the process for ensuring the effective use of cross-jurisdictional resources to facilitate timely adoptive or permanent placements for waiting children is occurring statewide?

Please include quantitative data that specify what percentage of all home studies received from another state to facilitate a permanent foster or adoptive care placement is completed within 60 days.

### State Response:

The Interstate Compact Office in Illinois continues to be the source or both incoming and outgoing referrals for both public and private referrals for both adoption and residential cross-jurisdictional placements. It also is the clearinghouse for referrals for public child welfare placements for both licensing and relative home study requests.

It continues to be a challenge to adhere to the federal Safe and Timely Interstate Placement of Foster Children Act regarding home studies. All levels of outgoing referrals rely on the other State to meet those standards for Illinois youth in care to be placed in an approved out-of-state placement.

Illinois has begun utilizing electronic means for accepting and transmitting of referrals. For incoming and outgoing referrals, if both states (sending and receiving) are NEICE-participating then the NEICE system is utilized for all four types of referrals (public: relative/licensure/ adoption and residential placements, as well as private: adoption and residential). The use of the data transfers system, dedicated ICPC electronic email, as well as UPS and FED X are all utilized as transmission modes for referrals. Currently 29 states are NEICE-participating, including some of Illinois' border states where there is a frequency of referrals. The NEICE system does prompt the participating states, via email notification, of the "Safe and Timely" timeframes approaching. Incoming referrals to Illinois are send via DTS (Data Transfer System) that is a secured transmission to both POS agencies that are contracted as well as DCFS field offices who may also be assigned to ICPC referrals.

### Incoming Referral Information:

FY 18	855	Average # of Days to Completion – 66 % completed within 60 days – 42
19 (Q1-3)	453	Average # of Day to Completion – 66 % completed within 60 days – 43%

### Outgoing Referral Information:

FY18	219	Average # of Days to Completion - 111 % completed within 60 days – 22%
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Illinois Department of Children and Family Services  
2015-2019 Final Report

FY19 (Q1-3)	95	Average # of Day to Completion – 78 % completed within 60 days – 32%
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Illinois currently does not maintain a system to track children who were adopted from other countries and who entered state custody. A request has been made for an ESR (Enterprise Service Request) to be established to change SACWIS to capture this data.

### **Item 36: Diligent Recruitment of Foster and Adoptive Homes**

How well is the foster and adoptive parent licensing, recruitment, and retention system functioning to ensure that the process for ensuring the diligent recruitment of potential foster and adoptive families who reflect the ethnic and racial diversity of children in the state for whom foster and adoptive homes are needed is occurring statewide?

Please provide relevant quantitative/qualitative data or information that show the state's process for ensuring the diligent recruitment of potential foster and adoptive families who reflect the ethnic and racial diversity of children in the state for whom foster and adoptive homes are needed is occurring statewide.

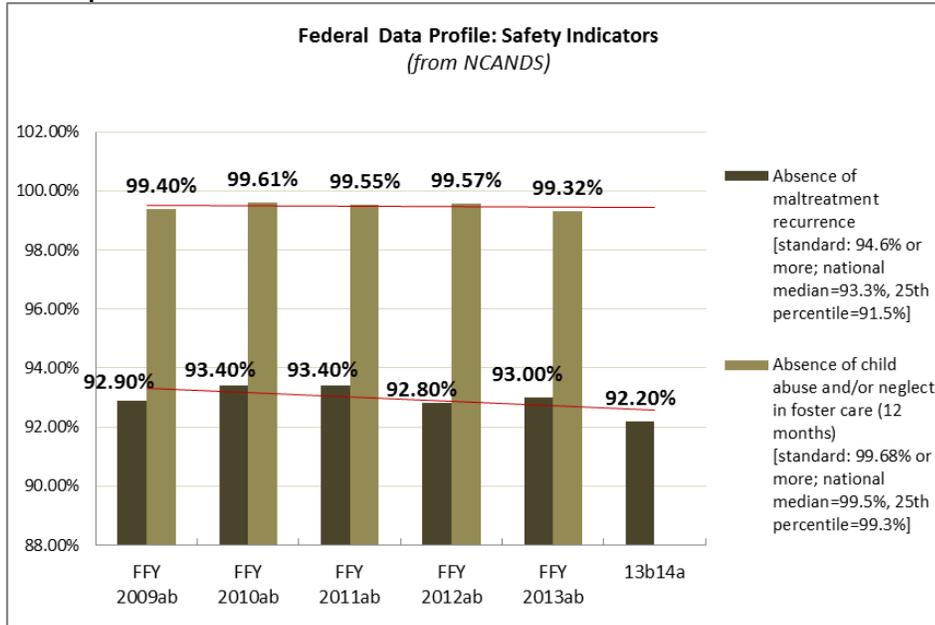
See Addendum D

## Chapter 3 – Plan for Improvement

### FFY15-19 CFSP Goal # 1 – Reduce the occurrence of maltreatment in out-of-home care

**Rationale:** NCANDS data and the Department’s internal case review results from the Outcome Enhancement Review (OER II) suggested a relatively flat performance.

#### Illinois performance/CFSR 2 indicators



#### OER II Data (updated)

##### Placement cases

OERII, Statewide Aggregate Data, %S	2011 (April-June 2011 & Sept.-Dec. 2011; 80 cases)	2012 (April-June 2012 & Sept.-Dec. 2012; 80 cases)	2013 (April-June 2013 & Sept.-Dec. 2013; 80 cases)	2014* 0 cases	2015 (April-June 2011 & Sept.-Dec. 2011; 36 cases)	Trend
Absence of maltreatment in substitute care	94.9%	96.3%	96.3%	0.0%	90.0%	Down

\* OER data collected during 2014 targeted Items 4, 18 and 20 as these were federal Items the state remained out of compliance with

As reported in the 2015-2019 CFSP, a review of administrative data between FY06 and FY13 in addition to an analysis of the data from a special review conducted by QA in February 2012 of indicated maltreatment cases in FY11 involving children placed in out of home care suggested the following:

- The majority of children abused/neglected were placed in relative care at the time of the hotline report
- For most, maltreatment in substitute care occurred within the 1st year of placement, and in the child’s initial placement
- Most children who were abused and/or neglected were between the ages of 0-5

Illinois Department of Children and Family Services  
2015-2019 Final Report

- Neglect was the most common type of maltreatment (i.e. allowing parents/perpetrators access to the children, unsupervised children or inadequate supervision)
- Whether or not the home was licensed appeared to have no bearing on whether the maltreatment occurred (i.e. half were licensed, half were not)

***These findings above supported the need to develop a goal around reducing the occurrence of maltreatment in out-of-home care, specifically involving relative caregivers.***

In the 3<sup>rd</sup> round of the CFSRs, Item 2 (Repeat Maltreatment) was removed from the evaluation of Outcome S1 in the case review portion of the process, and is evaluated for each state via performance on two (2) national safety indicators. The table below reflects Illinois' most recently available performance per the CFSR 3 national indicator safety measures and illustrates that there is improvement to be made:

**Federal Safety Indicator: Maltreatment in Foster Care**

**CFSR 3 Safety Indicator: Maltreatment in Foster Care, Illinois performance  
(as of 1/19 Data Profile)**

CFSR National Statewide Indicator	National Performance	Illinois Observed Performance	Illinois RSP*	IL Performance Trend
(S1) Of all children in foster care during a 12-month period, what is the rate of victimization per day of foster care?	<b>9.67</b> victimizations (preference is less)  <i>*state result multiplied by 100,000</i>	7.98 (FFY13)	<b>11.17</b> (FFY13)	↓ <b>Wrong Direction</b>
		9.88 (FFY14)	<b>12.90</b> (FFY14)	
		11.22 (FFY15)	<b>14.65</b> (FFY15)	
		11.29 (FFY16)	<b>14.75</b> (FFY16)	
(S2) Of all children who were victims of a substantiated or indicated report of maltreatment during a 12-month period, what percent were victims of another substantiated/indicated report within 12 months of their initial report?	<b>9.5%</b> (preference is less)	7.9% (FY12-13)	<b>10.1%</b> (FY12-13)	↓ <b>Wrong Direction</b>
		8.7% (FY13-14)	<b>11.2%</b> (FY13-14)	
		10.7% (FY14-15)	<b>13.6%</b> (FY14-15)	
		11.0% (FY15-16)	<b>13.9%</b> (FY15-16)	
		11.6% (FY16-17)	<b>14.7%</b> (FY16-17)	

*\*Risk Standardized Performance. For much more information about how these Indicators, national standards, and state performance are determined, please visit the Children's Bureau's CFSR Round 3 Resources page: <https://training.cfsrportal.org/resources/3105#Data Indicators and National Standards>*

Illinois has not met the federal national standard for either of the above indicators. During the 2015-2019 CFSP period, two qualitative case record reviews of children maltreated in foster care were conducted and revealed that the practice of “placing” children with their parents while retaining legal guardianship instead of discharging to reunification with an order of supervision

Illinois Department of Children and Family Services  
2015-2019 Final Report

had a significant impact on the number of children who became a part of the numerator for this indicator. More significantly, the frequency and quality of assessments of safety and risk (and follow-up on identified concerns) is an area for improvement within the population of children maltreated in foster care. Additionally, supervisors of caseworkers were not providing needed support, direction, and monitoring/following up on identified concerns. Last, continued data quality issues were observed around the use of the incident date.

**FFY15-19 CFSP Objective:** Reduce the occurrence of indicated reports for children in out-of-home care involving relative caregivers.

**FFY15-19 CFSP Outcome:** Fewer children will experience neglect as a result of inadequate supervision or risk of harm allegations while in the care of relative caretakers.

**Measures of Progress:**

1. Achieve a 10% reduction in the occurrence of indicated reports with a relative foster parent as the perpetrator by 2019.

Baseline (CFSP) (SFY13)	FY16 APSR	FY17 APSR (review of FFY15 NCANDS reports)	FY18 APSR (review of FFY16 NCANDS reports)	FY19 APSR (review of FFY17 NCANDS reports)
<b>60%</b>	<i>No review conducted</i>	<b>7.37%</b> (37 of 502)*	<b>8.29%</b> (30 of 362)	<b>9.36%</b> (44 of 470)

*\* This data updated for the FFY18 APSR, based on review of all indicated reports of relative foster parents, non-relative foster parents, and group home/facility staff data reported to NCANDS in FFY15. In FFY15, there were 502 perpetrators, 37 of whom were relative foster parents.*

2. Reduce the occurrence of maltreatment in foster care for the CFSR Round 3 measure of **absence of child abuse and neglect in foster care** by 2019. **Note:** this measure of progress is amended from the CFSP and previous APSRs in order to reflect the fact that national indicators are no longer considered when determining substantial conformity as part of a state's CFSR (Round 3).

Baseline (CFSP)	FY16 APSR	FY17 APSR	FY18 APSR	FY19 APSR
<b>99.32% (FFY13ab)</b>	<i>No new data received from CB</i>	<b>7.98, observed</b> <b>11.17, RSP (FFY13) *</b>	<b>9.88, observed</b> <b>12.92, RSP (FFY14) *</b>	<b>11.22 observed</b> <b>14.65, RSP (FFY15) *</b>

*\* Data based on updated data profile received from the Children's Bureau (CB) May 2017. National Performance is 9.68 (lower is better). No specific PIP goal identified as the national indicators are no longer used to determine substantial conformity.*

**Monitoring Plan:**

1. Ongoing monitoring of progress toward the measures identified above will be done through the analysis of NCANDS data and through reviews by QE of cases involving indicated child maltreatment while in substitute care. In FY16 and FY17 125 cases were reviewed. From this, additional issues were discovered, and during FY18 QE has looked at this population in two ways: cases closed with living arrangement of "OTH", and a

review evaluating how the “Incident Date” and associated “Approximate” or “Unknown” fields are being used. The goal of these reviews is to determine policy changes, database changes and data quality improvements.

2. Ongoing monitoring of progress toward the Measure of Progress #2 will be done through the monitoring of the state rate of victimization per the CF SR national indicator “Maltreatment in Foster Care” as reported on the Mindshare CF SR dashboard\*. These data will also be supplemented by internal case review data through the OER 3 review process, or other data as available. In the round of OER 3 reviews conducted in the Fall of 2016 and the Spring of 2017, there were no cases in which the reviewable child was a victim of maltreatment in foster care.

*\*In early 2016, DCFS contracted with Mindshare Consulting Group to develop a comprehensive suite of data dashboards. Among the first dashboards to be developed were to monitor and track the CF SR indicators. These dashboards are currently being validated.*

**INTERVENTION #1: Implement an enhanced foster parent training program that will include: 1) a mandated training component for relative caregivers; 2) a focus on trauma; and 3) an enhanced Relative Caregiver Checklist.**

The Office of Professional Development (OPD) began work on this intervention in 2015, and has continued to revise and enhance the foster parent training, known as PRIDE (Parent Resources for Information, Development, and Education) over the past 5 years. In these years the OPD has developed the mandated Home of Relative (HMR) Caregiver Training curriculum and an implementation plan for ensuring all HMR caregivers were informed about the training requirement and training delivery process. Revisions were completed to enhance the Relative Caregiver Checklist, and Procedures 315 was updated to require caseworkers to review key safety concepts of the new form with the caregivers. Over time, revised curriculum for the traditional foster care training was adapted as classroom, hybrid and online training. A self-directed online option was added for the relative foster care training. Added pre-service training curriculum included such topics as:

- Grief and Loss
- Social Media
- Childhood Obesity
- Trauma
- Shared Parenting
- Human Trafficking

In addition to the enhancements to pre-service training requirements, the following is a sample of in-service trainings that were made available to both staff and caregivers via online, on-demand format:

- Child and Family Team Meetings
- Early Childhood Intervention: Age Birth to Three Years
- Effects of Second Hand Smoking tutorial
- Illinois Core Practice Model – Overview
- Medical cannabis – Implications for Child Welfare
- Psychotropic Medication Management for Children and Youth in Substitute Care
- Social Media and Mobile Technology Safety
- Understanding Diabetes
- Understanding the Impact of Trauma

Illinois Department of Children and Family Services  
2015-2019 Final Report

- Working with Youth with Sexual Behavior Problems
- Normalcy: Reasonable and Prudent Parenting Standards

Additional FY19 enhancements to PRIDE pre-service and in-service trainings have been a renewed focus on offering trainings in the participants preferred languages. As Spanish is currently the most requested language, there are 3 trainings currently offered in Spanish: the PRIDE pre-service series, the required PRIDE Supplemental courses; and the Adoption certification. A 4<sup>th</sup> series, the HMR PRIDE series, will go live in Spanish beginning May 2019. Efforts have also included offering the PRIDE pre-service training in Vietnamese to accommodate a non-English speaking HMR.

In FY19, IDCFS and Governor's State University ended their mutual contract which provided for the platform and versions of online PRIDE pre-service and in-service courses. Due to the ending of the contract, IDCFS and its University partners through University of Illinois Urbana-Champaign and Western Illinois University, implemented an interim digital version of the pre-service and in-service courses to ensure no lapse in availability for any caregiver or caregiver candidate who desired to participate in such online versions of the courses. Beginning in the 4<sup>th</sup> quarter FY19 and continuing into the first two quarters of FY20, the PRIDE program under OPD will seek to revise and enhance these digital versions of the curriculum to replace the current interim versions in use. In FY20, the Department has also entered a pilot to test a national version of foster parent pre-service training here in Illinois. The results of this pilot may impact future revisions of Illinois' foster parent pre-service training.

**Intervention #2:** Implement revised child protection procedures (DCFS Procedures 300) and train all child protection supervisors and staff.

Within the past 5 years, Procedures 300 for Child Protection received its' first major update in over ten years. The following updates were included:

- Procedure 300 update was completed and all staff received training by the end of 2016.
- Foundations training for new staff was updated to include all changes.
- Due to legislative changes, the Department created a new allegation for neglect by facilities.
- Allegation 74 (Inadequate Supervision) was updated
- Notifications were updated to include armed services family centers when a member of the armed forces is involved in an investigation.

As new requirements are issued, the Department works closely with the Office and Child and Family Policy to ensure these updates are included within rule and procedure as quickly as possible. Training or informational notices are sent alerting staff to the updates and they are incorporated into foundations training.

The Model of Supervision continues to "roll out" for supervisors across the state. Child Protection continues to work with training to develop a supervisory training with experiential learning. This should be completed by the end of 2019. Additionally, local Regional Administrators meet with staff and supervisors on a regular basis to discuss updates to procedures, any issues of concern regarding practice and the basics of good child protection investigations. Beginning June 2019, there will be ongoing statewide meetings set for all child protection staff from Regional Administrators through Supervisors to address child protection issues and develop better practice.

Illinois Department of Children and Family Services  
2015-2019 Final Report

Updates and best practice is ever changing. While a major “overhaul” and training of Procedures 300 did take place over the last five years, this will be an ongoing process to ensure staff are trained, supervised, and performing the best practice possible to ensure the safety and protection of the children of Illinois.

**Goal #2: Improve the timeliness of permanency achievement for children placed in out-of-home care.**

**Rationale:** Illinois’ performance on CFSR measures related to the timeliness of permanency, as reported in AFCARS data, has needed improvement for years.

CFSR 3 data (see below) evaluates permanency differently than in the CFSR2. Illinois is not meeting the national performance for the indicators related to this goal:

**CFSR 3 Permanency Indicator: Permanency Achievement, Illinois performance (as of 1/19 Data Profile)**

CFSR National Statewide Indicator	National Performance	Illinois Observed Performance	Illinois RSP* <i>(age at entry, State entry rate)</i>	IL Performance Trend
(P1) Of all children who enter foster care in a 12-month period, what percent discharged to permanency within 12 months of entering care?	<b>42.1%</b>	11.3% (FY13-14)  12.3% (FFY14)	<b>12.5%</b> (FY13-14)  <b>13.6%</b> (FFY14)	 Improving
(P4) Of all children who enter foster care in a 12-month period, who discharged within 12 months to reunification, living with a relative, or guardianship, what percent re-enter foster care within 12 months of their discharge?	<b>8.4%</b>  (preference is less)	.3% (FFY14)	<b>1.8%</b> (FFY13B-16A)  <b>2.1%</b> (FFY14a-16B)	 Met
(P2) Of all children in foster care the first day of the year who had been in foster care (in that episode) between 12 and 23 months, what percent discharged to permanency within 12 months of the first day of the 12-month period?	<b>45.9%</b>	21.3% (FY13-14)  21.2% (FFY14)  22.2% (FY14-15)  23.3% (FFY15)  21.9% (FY15-16)  21.2% (FFY16)	<b>20.4%</b> (FY13-14)  <b>20.4%</b> (FFY14)  <b>21.4%</b> (FY14-15)  <b>22.3%</b> (FFY15)  <b>21.1%</b> (FY15-16)  <b>20.7%</b> (FFY16)	

Illinois Department of Children and Family Services  
2015-2019 Final Report

CFSR National Statewide Indicator	National Performance	Illinois Observed Performance	Illinois RSP* (age at entry, State entry rate)	IL Performance Trend
(P3) Of all children in foster care on the first day of a 12-month period, who had been in foster care (in that episode) for 24 months or more, what percent discharged to permanency within the 12 months of the first day of the 12-month period?	<b>31.8%</b>	21.3% (FY13-14) 21.2% (FFY14) 22.2% (FY14-15) 23.3% (FFY15) 21.9% (FY15-16) 21.2% (FFY16)	<b>18.7%</b> (FY13-14) <b>19.9%</b> (FFY14) <b>21.5%</b> (FY14-15) <b>22.3%</b> (FFY15) <b>19.6%</b> (FY15-16) <b>21.7%</b> (FFY16)	 Improving

*\*Risk Standardized Performance. For much more information about how these Indicators, national standards, and state performance are determined, please visit the Children's Bureau's CFSR Round 3 Resources page: [https://training.cfsrportal.org/resources/3105#Data\\_Indicators\\_and\\_National\\_Standards](https://training.cfsrportal.org/resources/3105#Data_Indicators_and_National_Standards)*

### Objectives and Measures of Progress:

Objectives and measures of progress were submitted in the current CFSP, and were based on performance on the CFSR 2 permanency and composite measures. However, they are amended below to align with the CFSR Round 3 Indicators (noted above):

1. Achieve goal of 16.4% of for children entering foster care during a 12-month being discharged to permanency within 12 months of entry (while also maintaining positive performance on the companion indicator: re-entry [threshold of 6.8%])
2. Achieve goal of 25% of children who had been in care on the first day of a 12-month who had been in care (in that episode) between 12-23 months and who were discharged to permanency within 12 months of the first day
3. Achieve goal of 27.7% of children who had been in care on the first day of a 12-month who had been in care (in that episode) between 24 months or more and who were discharged to permanency within 12 months of the first day

### Monitoring Plan:

1. Ongoing monitoring of progress toward the Measures of Progress listed above will be done through the monitoring of the state percent of achievement of permanency per the CFSR national permanency indicators as reported on the Mindshare CFSR dashboard\*. These data will also be supplemented by internal case review data through the OER 3 review process, or other data as available. See also the discussion of OER 3 data in the discussion of P1.

*\*In early 2016, DCFS contracted with Mindshare Consulting Group to develop a comprehensive suite of data dashboards. Among the first dashboards to be developed were to monitor and track the CFSR indicators. These dashboards are currently being validated.*

Illinois Department of Children and Family Services  
2015-2019 Final Report

**Intervention #1:** Revise Procedures 315. Train all supervisors and caseworkers on the new procedures.

Benchmarks of Revising Procedures 315 Permanency Planning and subsequent training of both child welfare and child protection professionals have been completed. The roll out of training focused on all existing staff with both the public and private sectors receiving the training. The newly hired child welfare/child protection staff in both the public and private sector receive training on Procedures 315 in foundation training that is a requirement for all new hires. Revised Procedures 315 guide the Illinois child welfare workforce on permanency practice. It provides the field with best practice standards, changes in legislative requirements and procedural requirements for managing cases with an emphasis on returning children home, as well as completing adoptions and permanency more expediently.

**Intervention #2:** Utilize Permanency Achievement Specialists to implement a process to help address permanency issues for children ages 0-5.

The Permanency Achievement Specialists (PAS) positions were created within DCFS in 2013 with the idea that they would be able assist DCFS and private agency staff in moving children along more quickly toward permanency. Over the past 5 years, the duties performed by PAS have grown, changed and developed into a program that is now flexible to meet the needs within each Region.

Northern Region: Three PAS and one Supervisor serve the Northern Region. PAS are assigned new DCFS cases to complete Family Finding, and during this past fiscal year, PAS were assigned 95 cases with 147 relatives/fictive kin identified. Other duties this fiscal year have included:

- Completed Family Finding for 19 youth in care with Independence goals and/or in Residential placement
- Assist POS agencies and workers with Family Finding when needed on difficult cases
- Serve as gatekeepers for the Family Advocacy Centers in Northern Region
- Assist field workers with permanency issues, problem solving and providing assistance to achieve permanency for youth in care
- Serve on the Permanency Task Force to identify barriers, provide technical assistance, etc. to expedite permanency for youth in care, especially those with a permanency goal of adoption or guardianship

Central Region: Three PAS staff and one Supervisor are working in Central Region. PAS are assigned to all cases that are directed to DCFS for case management responsibility. Within the first 30 days of the life of the case, PAS staff conduct initial family finding efforts through file mining, diligent searches, and interviews with youth, family members and fictive kin. For calendar year 2018, Central Region PAS completed Family Finding for 234 Families/424 Youth, 138 additional consult youth cases, 65 Missing, Abducted, Runaway, & Recovered youth (MARR) reviews, 13 Trainings to DCFS or POS; and 162 residential matches. Other duties have included:

- A variety of assistance to youth who have been identified as having permanency barriers, such as difficulties accessing adult services prior to departure from the Department's care, absence of required visitation with sibling or parents, as well as a myriad of other situations

Illinois Department of Children and Family Services  
2015-2019 Final Report

- Matching youth to their needed placements including specialized foster care; residential or group home facilities; TLP programs; etc.
- Training DCFS, private agency staff and various community agencies on how to conduct Family Finding and the importance of this activity, in addition to Procedures 315 and Emergency Shelter protocol training
- In Champaign County PAS are involved with Court Monitoring due to the court's requirement that a DCFS representative be present for all POS cases anytime there was a scheduled court hearing. PAS also monitored court hearings within Vermilion County, until the court no longer required this of DCFS in 2017.
- Making referrals to Family Advocacy Centers, and serve as gatekeepers for the Centers in the Central Region
- PAS also attend and participate in Community Action Team meetings.

Southern Region: one PAS staff and one Supervisor serve Southern Region. The PAS staff have been primarily focused on completing family finding efforts on all DCFS new cases and providing training around family finding. In addition, they do a variety of other tasks, including:

- Assist the caseworkers, both DCFS and POS, with home studies, completion of legal screening packets, and multiple projects aimed at assisting the private agencies with moving cases to adoption.
- Involved with the Permanency Taskforce Project implemented by former director, Beverly Walker. This project consists of assisting private agencies with completion of adoptions by addressing barriers and providing technical assistance.
- Provided support and leadership with the development of Permanency Action Teams and participated in regional quality enhancement activities.

Cook Region: Three PAS staff and one Supervisor currently serve Cook County. New cases are assigned to PAS staff to conduct family finding activities, which includes file mining, records searches and interviewing case members. In addition, PAS staff have other duties which have included:

- Special Assignment to visit various homes and work with families that may have barriers preventing them from achieving the necessary steps for adoption or return home.
- Monitor the receiving & distribution of referrals to Family Advocacy Centers.
- Assisting staff in getting families involved with Family Advocacy Centers (FAC) which are located throughout the city and offer a variety of services. A monthly average of 120 cases are referred to Family Advocacy Centers in Cook County. PAS have assisted 90% of Cook County families involved with DCFS with referrals to the Family Advocacy Centers.
- Assisting Resource and Recruitment staff with family finding for children/youth in the shelter.

Statewide, PAS also attend meetings and serve as the permanency linkage to both the (PIP) Program Improvement Plan & (PEP) Permanency Enhancement Project. The PAS evaluates policies and procedures affecting casework and investigative decisions; establish local operating practices and procedures; identify and evaluate the utilization of available community resources; work with regional managers of supportive service programs to integrate services within assigned geographic areas; and through contact with officials at all levels of government, private and volunteer agencies, establish and maintain effective public relations for the Department.

The Permanency Achievement Specialists are now well integrated in Department practice and will continue to serve as needs dictate, toward the goals of improving the safety, permanency and well-being of the children and families of Illinois

**Intervention #3:** Enhance diligent search practices.

In 2015 the Department looked toward the Diligent Search Services Center (DSSC) to assist in the finding of missing relatives who may be used as a support for children and families, and sought to train workers to utilize the program more extensively. In the intervening years, drafts of rules and procedures were circulated, trainings were proposed, meetings regarding the effectiveness of the DSSC were held, DSSC increased their resources, and a variety of other activities occurred.

As of this writing, the following work has been completed:

- Adapted the DSSC website so that any DCFS or POS staff person can access information on all prior searches done for any specific case. Historically, the program was structured to limit one's access to prior searches that were done by oneself. The new change permits any staff person to see all the prior diligent search activity done by any other (previously assigned) worker for a specific case. For example, a current caseworker can now look to see what prior searches were done for a bio parent on a newly assigned case.
- The website has been updated to make it more accessible and easier to read; for ex: font size has been increased and the text format has been updated.
- Obsolete links to policies and forms that are no longer in use were deleted.
- Tickler emails are now sent to workers and supervisors when it's time to renew a diligent search for a missing parent.

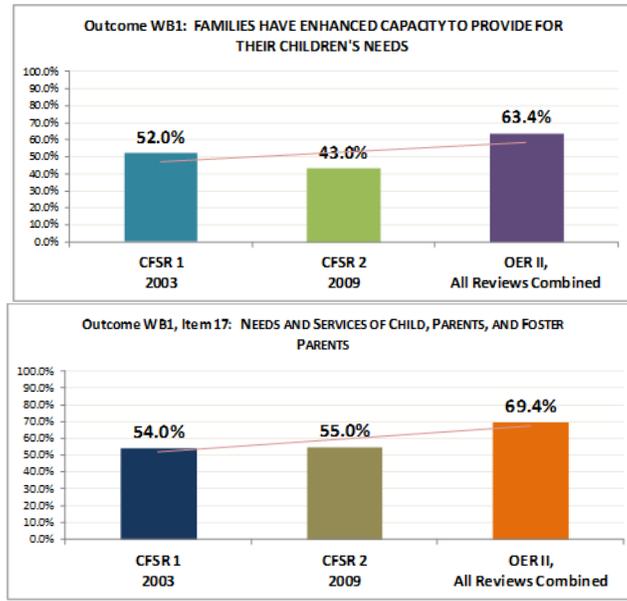
Ongoing work will include:

- Targeted training will be developed and provided to DCP workers to ensure they are able to access documentation re: voluntary affidavits of paternity.
- Diligent search certification/affidavit forms will be revised.
- The list of electronic databases on affidavits/certification forms will be updated.
- Monthly reports from King Tech are being revised to provide more clear data so reports can be interpreted by those who are not well versed in the program.
- For family finding searches, the definition and explanation on the website re: how searches can be utilized & when to request searches will be updated.
- Develop web-based curriculum to provide training for investigators and case managers re: diligent searches, in conjunction with the training/staff development unit. Short and specific tutorials/vignettes will target various aspects of the program.
- Continue to obtain more feedback from investigators and case managers regarding how helpful the DSSC is.

**Goal # 3 – Increase capacity of families to provide for children's needs**

**Rationale:** While Illinois' performance as reflected in CFPSR and OER results indicated modest improvement in Well-Being Outcome 1 (Families will have enhanced capacity to provide for their children's needs) at the time the current CFSP was written, more detailed analysis suggests that continued efforts are needed to ensure that the needs of parents and foster parents are being better met in order to fully support the needs of children in their care.

Illinois Department of Children and Family Services  
2015-2019 Final Report



As reported in the CFSP, the above OER data further indicates that the needs of fathers and paramours in particular are not consistently being met, and that improvements are warranted in the on-going assessment of parent and foster parent needs as well as in the engagement of parents and foster parents in the case planning process.

In the 2016 APSR, Illinois reported data from a round of OERs, termed “OER Round 7”, conducted between March 2015 – May 2015. The data from this review suggest significant improvement for WB1 (81.8%). In the 2017 APSR, we reported that data from the OER 3 “pilot” review launched in the Spring 2016 suggested a decline in performance in WB1 (75% substantially achieved. For this APSR (FFY18), data for the well-being outcomes shows that performance continues to decline for WB1 (to 62.3%% substantially achieved):

Table 7: WB1 Items, OER 3 data over time:

% of cases rated a “Strength”	OER II R1-6 (reported in the 2015 - 2019 CFSP)	OER II R7 (reported in the 2016 APSR)	OER 3 Round 1 (reported in the 2017 APSR)	OER 3 (current APSR)
Item 12: Needs and Services of Child, Parents, and Foster Parents	69.4%	86.4%	76.56%	<b>66.67%</b>
12a: Needs Assessment and Services to Children			93.75%	<b>85.51%</b>
12b: Needs Assessment and Services to Parents			78.57%	<b>62.07%</b>
12c: Needs Assessment and Services to Foster Parents			89.47%	<b>95.24%</b>
<b>OUTCOME WB1 overall</b>	<b>63.4%</b>	<b>81.8%</b>	<b>75.0%</b>	<b>62.32%</b>

Illinois Department of Children and Family Services  
2015-2019 Final Report

**Objectives:**

1. Enhance the capacity of birth parents to provide for their children's needs upon return home.
2. Enhance the capacity of foster parents to provide for the needs of children while placed in their care.
3. Enhance the capacity of parents as part of Intact families to provide for their children's needs.

**Measures of Progress:**

1. Achieve a 10% increase in performance for applicable cases reviewed for Item 12 (old 17) by 2019.
  - o Baseline: 69.4% (OER II). Goal: 76.34%
  - o This measure of progress was achieved in the OER II Round 7 review and in the OER 3 Round 1 data, but not in the current OER 3 data
2. Achieve a 10% increase in performance for applicable cases reviewed for Well-Being Outcome 1 by 2019.
  - o Baseline: 63.4% (OER II). Goal: 69.74%
  - o This measure of progress was achieved in the OER II Round 7 review and in the OER 3 Round 1 data, but not in the current OER 3 data
3. Based on the findings from the OER Round 7 (which show significant improvement and achievement of the 2019 goals), DCFS will continue to monitor these results through future qualitative reviews and other data sources.

**Monitoring Plan:**

1. Ongoing monitoring of progress toward the identified measures will be done through the analysis of data obtained through the annual implementation by QE of the OER 3 process.

**Intervention #2:** Implement the evidenced-based Nurturing Parents Program

The Nurturing Parenting Program (NPP) is an evidenced-based psycho-education and cognitive-behavioral group intervention targeted to biological parents aimed at modifying maladaptive beliefs that led to abusive parenting behaviors and to enhance the parents' skills in supporting attachments, nurturing and general parenting. The model was specifically designed for birth parents in families substantiated for maltreatment, and has demonstrated outcomes that support early reunification and prevents recidivism of the maltreatment and re-entry into care.

Much was completed over the past 5 years, with highlights including hiring staff, reviewing data, training providers, beginning the project in the Immersion Sites and other high-need areas in FY17 with 46 trained facilitators representing 6 agencies across the state and 7 unique sites.

There was a plan to begin implementation of NPP across the state, but budget issues and a series of new DCFS Directors inhibited this proposal. As of FY19, there are 7 providers outside of Cook County that provide Nurturing Parenting to families being served through both intact and placement cases. Five providers are located within Immersion sites, although NPP is not a formal

Illinois Department of Children and Family Services  
2015-2019 Final Report

part of the Immersion Site evaluation. The Department did extend one new contract for NPP in FY' 18 to Youth Advocate Program in Decatur, IL.

**Intervention #3:** Develop a credentialing process for trauma-informed treatment providers.

At this time, DCFS has credentialed 164 therapists who have a trauma-informed practice. There are three levels of credentialing, which refers to the levels of training and education attained by the clinicians:

- Level 1: staff with limited or no training in trauma-informed evidence based practices (EBP), or those who's highest level of education is a bachelor's degree
- Level 2: staff who have training in one of our identified EBPs, usually in the form of a one-to two-day training with the developer (or a recognized trainer). These clinicians all have master's degrees and may or may not be licensed, but if not, are supervised by someone who is licensed
- Level 3: those who are recognized by the developer/purveyor of one (or more) identified EBPs as *certified* in the practice. This usually means that in addition to the 1-2-day training, they have done some ongoing consultation and coaching. These clinicians are all master's level *and* licensed

Number of therapists at each level:

Level 1: 122

Level 2: 29

Level 3: 10

Level 3 (0-5 Preferred Providers): 3

The program has been working on a main goal of editing the clinician's application form and the review process to increase efficiency and information sharing. The program is also developing more detailed information about special populations, i.e. children and youth who are Developmentally Disabled, blind/deaf/hard-of-hearing, commercially sexually exploited, etc., so that the field can be guided towards best practice with these particular groups.

**Staff Training, Technical Assistance, and Evaluation:** Staff training and technical assistance activities have been outlined as part of the discussion of each CFSP goal. In order to support the successful implementation of the goals and objectives outlined in the CFSP, Illinois will implement a Model of Supervisory Practice. The tenets of the Supervisory Practice Model were incorporated into BH Consent Decree immersion site training plan to ensure that all supervisors achieve a high standard of knowledge and practice. The Supervisory Practice Model is based on four functions of supervision: administrative, developmental, supportive, and clinical which are inter-related throughout the Model of Supervision in support of the Department's strategic plan and the Family-entered, Trauma-informed, Strength-based child welfare core practice model. The Model of Supervisory Practice requires that supervisors balance these four functions, recognizing that each is a necessary component of effective supervision.

The Model of Supervisory Practice requires weekly protected time for individual supervision and monthly group supervision at all levels of direct and non-direct service supervisors. It is during this dedicated time with supervisees that supervisors will focus on ensuring that day-to-day

Illinois Department of Children and Family Services  
2015-2019 Final Report

guidance and decision-making are provided related to child safety, permanency, and well-being and that operational outcomes are met.

The training, content reinforcement and coaching used to implement and sustain the Model of Supervisory Practice is aimed at enhancing the skills and capacity of supervisors needed to achieve the strategic goals of the CFSP. Improvement in the skill and ability of supervisors to provide frequent, consistent, and quality supervision to casework staff will lead to sustained improvements in child welfare outcomes such as child safety, support for relative caregivers, enhanced parental capacity and family well-being, and permanency through timely family reunification or adoption. Employee satisfaction surveys and other survey methodologies will be used measure the effectiveness and impact of the Model of Supervisory Practice over time. The Model of Supervisory Practice demonstration pilot feedback is being used to refine the curriculum based on the participant's feedback to improve the practical application of the content.

In April 2018, training and coaching began on the Model of Supervisory Practice within each of the four immersion sites. Training includes two consecutive classroom training days each month over a four-month period (one month for each function of supervision reviewed). In the weeks between each classroom experience, each class participant participates in an individualized coaching session with a Model of Supervisory Practice Field Coach. The purpose of these coaching sessions is to review, explore, and enhance how the class participant is applying learning gained in class and practice goals developed in class. The Model of Supervisory Practice training and coaching will continue into the 2019 fiscal year through finishing the current cohort and adding additional cohorts in the current immersion sites while concurrently adding new cohorts in immersion expansion sites. As learning needs are identified, standalone modules can be developed to support supervisors in applying the tenets of the Model of Supervisory Practice to ensure that the requirements of Procedures 300 and 315 are consistently applied in child welfare direct service practice. Procedure 300 training was conducted during FY16 and Procedure 315 training began in FY17. In addition to the Model of Supervisory Practice, the Core Practice Model includes training on "Family-centered, Trauma-informed, and Strength-based Practice (FTS)", along with "Child and Family team meetings (CFTM)." The FTS training component began within the immersion sites in FY17 and will continue in future fiscal years according to the expansion plan negotiated by the Department, the BH Expert Panel, and plaintiffs' attorneys and as reflected in the revised IL waiver application. Moving forward, DCFS will expand the existing Immersion Sites by implementing the interventions by agency and not by geography.

The FTS training provides a baseline foundation for all staff within the immersion site regarding the fundamentals of the Core Practice Model. This FTS curriculum was also incorporated intentionally into Foundations trainings for all new workers beginning in January 2018, to ensure all new caseworkers statewide are provided the same baseline foundational knowledge of FTS Practice. The CFTM training and the Model of Supervisory Practice training build upon the tenets taught in FTS. The CFTM training launched in FY18 with the consultation of the Child Welfare Policy and Practice consulting group (CWG). Office of Learning and Professional Development staff (through the Field Implementation Support Program - FISP) began developing FISP staff as "Master Coaches" and trainers of the consultant's CFTM model and training curriculum. Field Implementation Support Program Staff have in turn been developing immersion site regional supervisors into qualified coaches and regional staff into qualified facilitators of this CFTM model. This process of developing regional facilitators and coaches in each immersion site will continue into early fiscal year 2019. At that point FISP will provide ongoing fidelity support for the CFTM practice among immersion site agencies with staff developed into CFTM facilitators and coaches. Additionally, in fiscal year 2019, FISP staff will develop additional FISP staff (with CWG support)

Illinois Department of Children and Family Services  
2015-2019 Final Report

as master coaches while also beginning to develop regional staff into facilitators and coaches in future immersion expansion sites.

## Chapter 4 – Update on Service Description

### Sub-Chapter 4A - Safety Intervention Services

**Introduction to Illinois Child Protection:** Whenever possible, DCFS provides services that enable at-risk children to remain safely at home. When removal is necessary, every effort is made to provide services, which are also monitored by the courts, to ensure the child's safe return to their family or seek other permanency options that ensure the child's safety. Community-Based Child Abuse and Neglect Prevention programs and Child Welfare Services Intake programs provide additional tools to ensure children the safe, loving homes they deserve while preventing further trauma of family disruption.

When remaining at home simply is not safe, DCFS strives to place children with a capable, supportive and loving relative. Ideally, this is in the same community so that children may maintain important social bonds with family, friends, school and other emotional anchors. When a relative is unavailable or unable to meet a child's needs, DCFS relies on a broad spectrum of licensed foster families and other placement providers to provide the care, nurturing and love the children need and deserve until they may return home safely or achieve permanency through other means.

Critical Strategies to keeping children safe:

- Public education about the need to report abuse and neglect and other child abuse prevention campaigns;
- Fully staffing front line positions, in the hotline and in local child protection investigative units; and
- Re-engage partners across communities and child serving agencies to better meet the needs of families and address communities with historically high incidences of child abuse and neglect.

Child Safety and Well-Being: There are three primary components to keeping children safe. The following pages will describe Illinois' efforts in these crucial areas:

- Prevention
- Protection
- Partnership

#### **Prevention:**

Over the past five years, Illinois child welfare has employed a variety of preventative services to keep children safe. Programs such as Intact Family Services, the Safe Families Program, Family Advocacy Centers, and others will be described below.

#### **Intact Family Services**

The basic tenants of Intact Family Services have continued to focus on stabilizing, strengthening, enhancing and preserving family life by providing services that enable children who are the subject of an abuse or neglect report to remain safety with their families. Intact Family Services are designed to A) prevent substitute care placement, B) ensure the safety, permanency and well-being of children and, C) facilitate a safe, stable family environment. Providers of Intact Family Services operate from a strength-based, trauma-informed, family-centered position to strengthen family units.

Illinois Department of Children and Family Services  
2015-2019 Final Report

Over the past five years, the number of open family cases has increased from 2354 (237 DCFS cases, 2117 POS cases) on May 22, 2014 to 3241 (428 DCFS, 2813 POS) on April 8, 2019.

Private Agency Contracting

Key components of the Intact Services Contract changed in FY 19 to improve services to families.

- Protective daycare is now available to children up to age 5 years who are members of an intact family services case. This paid daycare approval is based on the protective need of the children and not based on the employment or enrollment in services of the parents. In addition, effective February 14, 2019, children who are attending protective daycare may continue up to 6 months after the intact case closure with payment provided by the Department of Human Services.
- Flexible funding is available as a pooled fund to each agency equal to the number of families served x \$400. As of April 17, 2019, 5,962 families have been opened to Intact Family Services and \$111,284.62 has been spent for goods or services that were not otherwise accessible.
- Performance Outcome Measures were changed to support a changed focus from compliance measures to quality outcomes. Outcome measures were reduced from twelve measures, two of which were informational only, to four. The informational only measures were specific to case closures within specific timeframes; Tier 1 cases closing within 6 months and Tier 2 cases closing within 12 months. Both were targeted at a 90% goal. Removing those targets in addition to the changed focus has shown improvement in outcomes over the past two years.

Measure	Goal	Prior Fiscal Year	Current Fiscal Year through April, 2019
Family case will not re-open within 12 months	85%	94.78	96.79
No maltreatment during service period	92%	89.38%	91.44%
No maltreatment 6 months post case closing	92%	91.82%	96.79%
Families will exit with a successful case closure*	90%	86.69%	86.85%

\*The metric measured is if families remain intact during the service period. Additional definitions for successful case closing and corresponding coding have not yet been implemented.

Intact Family Services Quality Improvement

The improvement of quality in Intact Family Services is supported by the following efforts:

1. Ongoing reviews of Subsequent Oral Reports on open intact cases completed by Agency Performance Team (APT) staff. These reviews are designed to ensure that information is shared between the intact and investigations teams for safety assessment and case planning purposes. During the course of the review, if concerns about safety or practice are noted, a Notice of Safety Concern is sent to workers, supervisors and administrative staff. A case staffing may also be conducted, if warranted. In FY18, 1559 reviews were completed and in the first two quarters of FY19, 1040 reviews were completed.

Illinois Department of Children and Family Services  
2015-2019 Final Report

2. Intact Family Services Quality Reviews are also ongoing and conducted by Quality Enhancement Support Teams (QUEST). These teams use the same quality focused review tool as the APT teams to assess intact service provision. These teams strategically identify cases for review by selecting factors that suggest increased risk; e.g. serious harm allegations, children age 3 years and under, children assessed as unsafe, etc. In FY18, these teams completed 2154 reviews and in the first two quarters of FY 19 completed 387. These reviews are in addition to the reviews conducted by APT, although some cases have been reviewed more than once.

Aggregate data collected from the two types of reviews delineated above is used to identify areas of improved practice and topics that suggest challenges. From this information, topics are chosen for Statewide Provider meetings to highlight areas of practice and provide concrete skill building opportunities. Topics have included documentation, clinical supervision, age and developmentally appropriate conversational skills with children and resource acquisition.

The process of on-going quality reviews by multiple entities and in the volume indicated above, quickly identified a need for a comprehensive system to identify cases for review, house review tools and to be able to aggregate data for reporting. The QUEST team leadership in partnership with Intact Services administration worked with the Office of Information Technology to develop an in-house Intact Case Review application. This is now a fully functional case review environment. The QUEST staff utilize this tool exclusively for intact quality reviews and APT staff are currently being trained on its use.

#### Application of 4 Disciplines of Execution

In December 2017, then Acting Director BJ Walker introduced *the 4 Disciplines of Execution* (4DX) as a framework for programmatic change. Through this process, specifically targeting reduction of death and serious harm in children birth through three who are also known to DCFS, several outcomes were identified. These are known as *Wildly Important Goals* in the parlance of 4DX. For intact family services, the WIG chosen was to reduce repeat maltreatment by 40% through an effort to improve the engagement of families in services within the first four weeks after case opening. In addition, the Department of Human Services partnered to increase the number of supportive services provided to intact families.

These efforts began in Cook County with the DCFS High Risk teams and have expanded over the past year to include private agency managed cases as well as expanding statewide. Quarterly summits are held to assess the impact of the approach on the goals, formulate new measures and behaviors and teach the process to new teams.

Data collection began in July 2018. At that time, the rate of repeat maltreatment was 14.54%, as of April 2019 the rate is 14.40%, a slight improvement.

#### **The SAFE Families Program**

The Safe Families for Children program was developed in 2002 by LYDIA, a Chicago based Christian social service agency, in partnership with churches, ministries, and local community organizations to offer voluntary placement arrangements to families whose children are at risk of being removed from their custody by child protective authorities. Safe Families for Children ("SFC") is a program oriented to prevent child abuse recurrence and removal into state protective custody by recruiting and overseeing a network of host families with whom parents can voluntarily place their children in times of need. Families retain legal custody and voluntarily place their

Illinois Department of Children and Family Services  
2015-2019 Final Report

children with SFC host families. The families share decision-making authority, and SFC volunteers and paid staff serve as case coordinators for the birth parents and the host families. The average length of stay is 45 days, with ranges from 2 days to 2 years. This program has expanded throughout the United States and internationally.

Safe Families also supports three additional programs to assist families:

- Family Friends is a program of volunteers who provide parent mentoring, babysitting, transportation and other supportive services to families in need
- Resource Friends are volunteers who donate a variety of items (beds, clothes, etc.) or services to families in crisis
- Family Coaches are volunteers who visit host families, monitor the kids in host homes, and help families connect to resources to provide stability and further assistance.

The Department is currently performing a randomized study to assess the efficacy of the Safe Families program, that will continue into FY20, and be completed at the end of this calendar year. Of relevance to the study, is how the program becomes positioned for consideration as an evidence-based, or well-supported program to comply with the Family First Preservation Act.

During the current fiscal year Safe Families in Illinois has received 113 referrals from DCFS and twenty-four from private agencies providing intact services, statewide. A total of 173 children were hosted statewide, and of these, twenty children (11%) came into DCFS care, so 89% were deflected from foster care. Safe Families also provides services to families who contact them directly from the community.

Safe Families staff have begun making presentations to the Investigative staff statewide to ensure they are aware of the service array available from the program. It is hoped that by building relationships with DCFS and private agencies staff, Safe Families will improve the coordination of services and the utilization of the additional services that can be used, other than hosting, to further assist families and prevent children from coming into care when possible.

### **Family Advocacy Centers**

Family Advocacy Centers are a resource for families throughout Illinois. In 2015 there were 23 Family Advocacy Centers operated by 18 providers. At the close of this reporting period (FY19 Q3) there are 33 Family Advocacy Centers (FAC) operated by 22 service providers located throughout the state where there are high incidents of abuse and neglect reports and children coming into care. Family Advocacy Centers continue to maintain a holistic prevention focused approach that builds on a family's existing strengths. The FAC focus is to serve a combination of families who have already been involved with DCFS and families who may not have been involved with DCFS but who have children age 6 and under and may be at greater risk of abuse and neglect. Some services include parenting education and coaching, financial literacy and domestic violence educational and support groups, community service referrals to meet other needs and public assistance application assistance.

Geographically, there are 16 Advocacy Centers in Cook County, 4 in the Northern Region, 9 in the Central Region and 4 FACs in the Southern Region. At this time, there are plans to add one new Advocacy Center in the Northern Region and expand operations for another FAC in the Northern Region.

Illinois Department of Children and Family Services  
2015-2019 Final Report

FACs provide support to parents to follow through on their goals that allow them to preserve and reunite their families. The FAC tailor's their services to the unique needs of the communities they serve. In addition to traditional counseling, referrals and training services, the FAC's may also offer the following services:

- Intensive mediation services
- Counseling for women and children who are victims of domestic violence
- After school, summer and out of school programs
- Parent coaching, mentoring, and classes in English and Spanish
- Execution of intervention strategies to support the family reunification
- Court-ordered, supervised child visitation for non-custodial parents

Each provider has a specific array of services that is responsive to their communities as well as core services. Referrals are accepted from DCFS/POS staff, child protection staff and self-referrals. Most do not have geographical service boundaries. Many of the FACs utilize senior college and graduate interns to increase their service capacity.

Below is a chart showing the work performed by Family Centers statewide in 2018.

Family Service Centers Calendar Year 2018

Referral Source	# Service Hours	# Families
DCFS/POS	62,276	4,919
Community	57,964	4,374

During this period, the number of families who remain intact and did not have subsequent indicated reports of abuse or neglect has remained stable at 98%.

## Be Strong Families

Be Strong Families (BSF) partners to develop transformative conversations that nurture the spirit of family, promote wellbeing, and prevent violence and has been partnering with the Illinois Department of Children and Family Services over the past five years. BSF provides workshops and peer-to-peer support services that build the Strengthening Families™ Protective Factors, working directly with child welfare involved families across the State.

Services have promoted:

- Timely reunification for birth parents in placement cases
- Supported birth parents and caseworkers in developing stronger relationships
- Supported Foster Parents in building a strong network of support and reducing placement disruptions
- Assisted youth in care as they prepare for their transition into adulthood, while also educating them on the YouthThrive™ Protective and Promotive Factors and Strengthening Families™ Protective Factors and understanding parenting as a life skill
- Education of pregnant and parenting teens in foster care on the importance of early care and education for their children, and how to access it
- A menu of trainings for all child welfare professionals that focus on strengthening parent engagement skills, improving relationship-based and trauma informed practices

Illinois Department of Children and Family Services  
2015-2019 Final Report

BSF delivers over 425 service events annually with these audiences, relying on over 80 collaborative partnerships with agencies statewide. The partners have direct access with the clients and assist in providing a setting for services to occur.

Over the past 5 years, on average, BSF has annually served:

- 1316 youth and young adult participants (595 unduplicated)
- 1438 birth parent participants (583 unduplicated)
- 1094 foster parent participants (597 unduplicated)

Post event evaluations have shown high rates of participant satisfaction (often well over 80%) throughout the past five years for all target audiences. These evaluations have indicated that services are making an impact as well. Examples from the current year include:

- 96% of Foster Parents participating in peer to peer services have reported an increase in their network of support.
- 93% of youth agreed that they learned ways of using the Protective / Promotive Factors in their lives that will help them prepare for adulthood.
- 87% of Birth Parents who attend BSF's Getting on the Fast Track sessions reported learning valuable information about getting their kids back that they did not receive elsewhere and 91% felt that the workshops will assist them with reunifying with their kids; and 77% of participants have reported that they have moved forward on action steps to strengthen their relationship with their caseworker since starting to participate in the workshop series.

Moving forward, BSF is planning to continue its partnership with IDCFS providing a similar service array to the targeted audiences identified. As in previous years, BSF will add additional topics and sessions to meet the changing needs of its target audiences and will be partnering with the Department to ensure service outcomes compliment the priorities identified in Illinois' Performance Improvement Plan (PIP) Goals, such as:

- Improving timelines to permanency;
- Effectively meeting the needs of children and youth while in care;
- Engaging mothers and fathers early and often throughout their department involvement; and
- Supporting the workforce to effectively and consistently engage children and families.

### **Extended Family Support Program**

The Extended Family Support Program (EFSP) is a statewide program that provides services to stabilize the home of a relative who has been caring for a relative's child for more than 14 days. The services aim to avoid involvement of the relative and child in the child welfare system. The program provides services through seventeen contracted private agencies. Over the past five years, the EFSP has continued to assist relative caregivers provide stable homes for their relative's children by providing the following services:

- Assistance with obtaining guardianship in the local probate court;
- Assistance with obtaining a child-only grant, subsidized day care and other entitlements;
- Assistance with enrolling children in the school district where the relative caregiver resides; and
- Cash assistance for items needed to care for the child.

Illinois Department of Children and Family Services  
2015-2019 Final Report

In FY18, (July 1, 2017 and June 30, 2018) the program referred 744 caregiver families. In the first nine months of FY19 (July 1, 2017 through March 31, 2019), 571 caregiver families were referred. The program has served fewer relative caregivers over the past five years. The main reason for this is the reduction of referrals from the State Central Registry (SCR). SCR has not had time to receive training on EFSP services.

To serve more relative caregivers, DCFS made two important changes to the program. The program now allows intact teams to refer relative caregiver families to the EFSP even if their intact case has been open for more than 45 days. DCFS also allows Intact teams and Child Protection teams to keep their cases open 30 days after the relative caregiver family is referred to the EFSP, but those DCFS cases must close within 30 days.

Quarterly reports shared with the Governor's office show that the program consistently helps about two thirds of eligible families obtain guardianship. The other third often don't seek guardianship because they fear that it will change the relationship between the parent and their children. While EFSP workers hold family staffings to address this issue, many caregivers do not want to apply for guardianship. In the past, some families were not eligible to receive EFSP assistance to obtain guardianship due to criminal backgrounds. Previously we assisted relative caregivers if they met the similar standard that caregivers would need to meet to be a licensed foster parent. However, unlike foster care, The Department and the EFSP are not placing children with the relative caregiver, as the child was already living with the caregiver before the EFSP referral was made. EFSP staff very rarely recommend removing a child from a caregiver's home based on the criminal background, and to help more caregivers obtain guardianship, staff will now assist relative caregivers obtain guardianship before the criminal background is obtained.

In FY19, DCFS received federal kinship navigator funds and will use much of the funding to refer relative caregivers to DCFS contracted Family Advocacy Centers (FACs). FACs provide many services including parenting classes, case management services, counseling, tutoring and referrals for additional services. EFSP providers surveyed believe that more than half of the relative caregivers they serve will benefit from these services. A referral protocol is being developed and will start referring relative caregivers to FACs before the end of FY19.

DCFS will also use kinship navigator funding to hire a Kinship Navigator Specialist. The position will have the following responsibilities:

- Develop a kinship navigator website
- Develop a toll-free number to access EFSP services
- Develop a kinship caregiver task force to expand services
- Develop local kinship caregiver support groups

## **Norman Services**

Norman Services assist families who lack food, clothing, housing or other basic human needs that place children's safety at risk and would otherwise necessitate their removal from the family or would be a barrier to family reunification. The statewide program provides:

- Cash assistance to purchase items needed to care for the children that the family cannot afford to purchase themselves;
- Assistance in searching for and maintaining housing; and

Illinois Department of Children and Family Services  
2015-2019 Final Report

- Expedited enrollment for Temporary Assistance for Needy Families (TANF) so that children in DCFS custody may be returned home within 90 days.

The program has had enormous growth over the past couple of years. The program provided cash assistance to 2,187 families and the housing advocates reported serving 1,109 families in FY17 (between July 1, 2016 and June 30, 2017). In FY18, the program provided cash assistance to 2,730 families and the housing advocacy program served 1,193. During the first nine months of FY19 cash assistance was already given to 2,495 families and housing advocacy served 1,157 families.

The housing advocacy program has grown but not at the same rate as the cash assistance program. Many housing advocacy providers have been at capacity in the latter half of FY18 and much of FY19 and often could not accept new referrals. There are three reasons demand for the housing advocacy program has increased recently.

- Effective program monitoring and training has increased the effectiveness of the housing advocates. Even though most families referred have extremely low incomes, poor credit scores and little history successfully maintaining housing, DCFS consistently reports that approximately three-fourths of the families served are housed when they leave the program.
- The housing advocates have created a secondary goal of diverting families from becoming homeless when the family does not have the income or other resources to obtain housing on their own. This may include providing supports so the family is able to live with others. This service has helped hundreds of families from entering homeless shelters.
- The continued expansion of the Family Unification Program (see below).

The Department works with local housing authorities to apply for Family Unification Program (FUP) housing choice vouchers (also known as Section 8) to assist families who have children who are in danger of being placed in, or cannot return home from, DCFS care due to inadequate housing. Every family referred to FUP must also be referred to the Norman Housing Advocacy Program. The program can also serve youth who are aging out, or have aged out, of DCFS care. Those families who are housed receive cash assistance from the Norman Cash Assistance program to pay their security deposit. In July 2018, The Department successfully assisted the Chicago Housing Authority, the Housing Authority of Cook County, the Lake County Housing Authority and the Madison County Housing Authority obtain new funding for Family Unification Program housing choice vouchers.

DCFS understands the importance of collaborating with other local providers serving low income families. To this end, a cross-training for child welfare workers, homeless service and supportive housing providers, teachers and early education staff was created and implemented. The goal of the training is to help attendees better understand other systems and increase collaboration between systems. The Department is in the process of selecting the next city to hold their cross training.

### **Youth Housing Assistance Program**

The Youth Housing Assistance Program (YHAP) provides housing advocacy services and cash assistance to youth under the age of 21 who are aging out, or have aged out, of DCFS care. The program intends to prevent youth from becoming homeless after leaving DCFS care. Some

Illinois Department of Children and Family Services  
2015-2019 Final Report

assistance is provided to youth under the age of 21 who have a closed case to prevent the youth from re-entering foster care.

The Youth Housing Assistance Program started to see tremendous growth but that has plateaued. In fiscal year 2017, the program provided cash assistance to 95 youth and referred 216 youth to the youth housing advocacy program. The program provided cash assistance to 121 youth and referred 274 youth to the youth housing assistance program in FY18. During the first nine months of FY19, the program provided cash assistance to 96 youth and referred 248 youth to the youth housing advocacy program.

There are a couple reasons why the program is not increasing this year at the pace it increased in the previous year. First, many housing advocacy providers have spent much of the year at capacity and scores of referrals have not gone on to receive services. Secondly, the Youth Housing Assistance Program coordinator's contract is not being renewed in FY20 and the coordinator responsible for much of the growth left the position during FY19.

DCFS is currently working with three local homeless Continuums of Care (CoCs) to apply for federal funding to end youth homelessness. The program will provide funding for housing and services to homeless youth, including youth who aged out of DCFS care.

## **Public Education**

The DCFS communications office conducts ongoing efforts to connect parents, caregivers and the public with child abuse prevention and child safety information.

The office proactively places positive media stories to recruit foster and adoptive parents on television, radio, online blogs and newspaper articles. Collateral materials with the Department's prevention and education messages are distributed at approximately 100 events annually. The office also manages the department's internal "D-Net" website accessible by staff and our private agency partners; and the Department's public-facing website ([www2.illinois.gov/DCFS](http://www2.illinois.gov/DCFS)).

In addition, the office manages DCFS's presence on Facebook, Twitter, YouTube, Instagram and LinkedIn. The Department is connected 1,200 individuals on LinkedIn (an increase of 200 from FY18). Over 1400 individuals follow DCFS on Twitter (an increase of 200 from FY18); and the Department has over 7,400 "Likes" on Facebook (an increase of 1,800 from FY18).

Fiscal Year 2019 campaigns and initiatives include:

ABCs of Safe Sleep Campaign: This ongoing campaign educates parents and caregivers about safe sleep practices to reduce the risk of Sudden Infant Death Syndrome and other sleep-related deaths. The communications office promotes infant safe sleep practices year-round through the distribution of literature at community events and ongoing posts on the department's social media channels. In addition, the communications office requested a proclamation from the governor proclaiming October "Infant Safe Sleep Month" in Illinois; and organized and staffed a week-long static "safe sleep environment" display at the James R. Thompson Center in Chicago, where staff distributed literature and offered safe sleep information to the public. *During the month of October, social media posts had a reach of over 12,000 individuals and 800 engagements (Facebook); and 6,000 impressions (Twitter).*

Illinois Department of Children and Family Services  
2015-2019 Final Report

Adoption Month (November): The communications office requested a proclamation from the governor proclaiming November “Adoption Awareness Month” in Illinois. On National Adoption Day, November 16, DCFS partnered with the Chicago Children’s Museum and more than 100 adoptive family members to celebrate the creation of new families in Chicago. On November 18, DCFS joined Williamson County adoption attorneys and others as the Williamson County Courthouse in Marion opened their doors for a special Saturday session to finalize the adoptions of 18 Southern Illinois children. Events were also held in Rockford and Edwardsville. The communications office also partnered with the Administration for Children and Families, AdoptUSKids and the Illinois Adoption Advisory Council to staff informational tables at AMC movie theaters in Peoria and Grand Prairie during showings of the movie “Instant Family” for the public to receive information about becoming a foster or adoptive parent. *During the month of November, social media posts had a reach of over 11,000 individuals and 1,600 engagements (Facebook); and 5,400 impressions (Twitter).*

Baby Safe Haven Campaign: DCFS partners with the Save Abandoned Babies Foundation to educate the public about the Newborn Infant Protection Act which allows a mother to legally, safely and anonymously relinquish her unharmed newborn, aged 30 days old or younger, to safe haven locations across the state without fear of prosecution. Illinois law requires school health education classes to provide information about the Act to students in grades 6-12, and in January 2019 the communications office partnered with the foundation to promote an updated “Educators Toolkit” to assist educators in meeting this requirement. Social media posts promoting the toolkit had a reach of over 101,000 individuals and 13,000 engagements (Facebook); and 1,600 impressions (Twitter). In addition, April is Save Abandoned Babies Month in Illinois. The communications office promotes this proclamation on social media. *During the month of April, social media posts had a reach of over 100,000 individuals and 9,000 engagements (Facebook); and 600 impressions (Twitter).*

Chicago Auto Show: For the fifth year in a row, the communications office staffed a resource table during the Chicago Auto Show in February, answering questions ranging from how the Department operates, employment opportunities with DCFS and how to become a foster or adoptive parent from nearly 300 visitors each day. *Social media posts promoting the event had a reach of over 3,500 individuals and 700 engagements (Facebook); and 1,800 impressions (Twitter).*

Child Abuse Prevention Month (April): The communications office partnered with Prevent Child Abuse-Illinois, Hospital Sisters Health System, Children’s Home + Aid and other community partners to hold “kickoff” press events in Chicago, Springfield, Decatur, Edwardsville and Carterville to build public awareness and promoted local child abuse prevention month events via social and mainstream (earned) media. The office organized and staffed a week-long art exhibit at the James R. Thompson Center in Chicago highlighting the work of abused and neglected children to help build awareness. *During the month of April, social media posts promoting kickoff events and other awareness message had a reach of over 62,000 individuals and 4,000 engagements (Facebook); and 18,000 impressions (Twitter).*

Employment opportunities for youth in care: Illinois DCFS has increased the number of partnerships with corporations that offer employment opportunities to our youth in care from three last year to 10 today. The department now partners with Amazon, Goodwill, IH Services, Krispy Kreme, Portillo’s, Schnuck’s, Steak n’ Shake, UPS, White Castle and Wendy’s. *Social media posts promoting the partnership and informing youth how to apply for jobs had a reach of over 106,600 individuals and 7,100 engagements (Facebook); 10,000 impressions (Twitter) and 235 likes (LinkedIn).*

Illinois Department of Children and Family Services  
2015-2019 Final Report

Foster and adoptive parent recruitment: The communications office continues to promote the need for licensed foster and adoptive parents and thank current foster and adoptive parents for their commitment to Illinois youth in care via social media and informational tables at events statewide. *Over the past year, social media posts promoting the need for foster and adoptive parents had a reach of 37,000 individuals and 1,600 engagements (Facebook) and 15,000 impressions (Twitter).*

“Friends and Family Days” at the ballpark: The communications office partners with the Chicago White Sox and St. Louis Cardinals to provide reduced-price tickets to DCFS staff, their families and the families we serve. In addition, \$5 from every ticket sold to the St. Louis Cardinals game is donated to the Children’s Benefit Fund.

Get Waterwise...SUPERVISE! Campaign: This year-round, ongoing campaign reminds parents and caregivers about the importance of actively supervising children when they are in or near water to avoid accidental drowning. *Over the past year, social media posts promoting water safety had a reach of 2,000 individuals and 200 engagements (Facebook).*

Illinois Legislative Shadow Day 2019: Illinois DCFS partners with the Foster Care Alumni of America – Illinois Chapter and the Illinois Statewide Youth Advisory Board to bring approximately 60 current and former youth in foster care from across the state to the Illinois capitol and pair them with members of the Illinois General Assembly. Shadow Day allows youth in foster care to share their experiences in foster care directly with Illinois legislators to help inform and improve child welfare policy.

PATH Beyond Adoption post adoption support for families: Parents who adopt or take guardianship of children need information about services and resources that is readily accessible after the case closes as their child moves through developmental phases and changing family dynamics. As part of a federal grant (QIC-AG) the communications office worked with internal and external stakeholders to develop the PATH Beyond Adoption website ([www.PathBeyondAdoption.illinois.gov](http://www.PathBeyondAdoption.illinois.gov)) to provide post-adoptive families with information that is accurate, accessible and comprehensive. The website, which went live in March 2019, includes documents that support adoption; the ability to ask questions via email; blog posts on relevant adoption topics; news on policy and descriptions of adoption support resources and partner agencies. *Social media posts promoting the new website, post-adoption support line for families (1-866-538-8892) and post adoption resources had a reach of 17,500 individuals and 2,200 engagements (Facebook) and 1,000 impressions (Twitter).*

## **Protection**

An integral piece of safety intervention is protection. DCFS must ensure the safety and protection of our most vulnerable resource, the children of Illinois. This requires a well-trained and responsive Child Abuse and Neglect Hotline along with sufficient numbers of well-trained investigators to handle the reports initiated through the Hotline. High risk intact services can provide the support and education a family needs to remedy those situations that place children at the highest risk before there is a need to enter into foster care system or a child is injured. These programs are discussed below.

## Child Abuse Hotline

Each year, the Illinois Department of Children and Family Services (IDCFS) Hotline workers respond to over two-hundred thousand calls alleging abuse and neglect of children. The goal is to process every call with a sense of urgency to ensure child safety. Training and comprehensive procedures, as well as clinical supervision and consultation, are tools in place to assist staff in thoroughly and accurately assessing child safety. FYTD 19 (July 2018 to March 2019) the Child Abuse and Neglect Hotline received 197,420 calls reporting allegations of abuse and/or neglect. This is a decrease of 4% call volume compared to the same date in FY18 (July 2017 - March 2018). This year's calls to date resulted in 63,843 investigations being transmitted to Child Protection field staff for initiation.

During this fiscal year, the Hotline staff count remained the same.

The Online Reporting System for Mandated Reporters has been implemented and is operational. Online reports began streaming in beginning September 2018 and the growth is steadily increasing. It should be noted that the publication and education of the Online Reporting System is intentionally being completed in phases targeting certain areas and entities first. This is so the system can be continually adjusted and modified as we work through the kinks of a new program and learn best practice through this new type of reporting system. The online reporting option relies heavily on the technology of both the user (the mandated reporter) and DCFS in receiving the information and there has been a learning curve on both sides. Now, we receive about 1,000 reports submitted each month on average from mandated reporters who have chosen to report using the online system. This option allows mandated reporters to write in their concerns verses calling in. It should be noted that the Online Reporting System is designed for only non-emergency situations. If there is an emergency such as an injured child, the Hotline must still be contacted for immediate service. The Online numbers are included in the overall call volume for the Hotline above.

SCR continues to engage in Continuous Quality Improvement (CQI) activities. Team Goal setting encourages staff participation in the CQI process. During FY18 an overall CQI goal was set to reduce the number of linking errors made by Hotline staff when working within our SACWIS system as calls are being processed. The searching and linking processes required of a Hotline worker is complex. Additional linking training was provided to various staff. Linking manuals were updated to provide specific scenarios and examples for reference. Feedback is provided to staff regarding their specific linking errors and this is reviewed with them in supervisory sessions. This has now become a continued goal that we monitor and work towards improving each quarter.

To summarize the progress of this CQI goal, below are the totals for each reporting period that have been tracked:

April 2018 through June 2018 (3 months): 46 errors reported  
July 2018 through September 2018 (3 months): 81 reported errors  
October 2018 through December 2018 (3 months): 69 reported errors  
January 2019 through March 2019 (3 months): 101 reported errors

SCR Administration continues to work towards better serving our callers by striving to:

- reduce the call-back response rate;
- decrease the number of messages taken; and
- increase the number of intakes each Hotline worker completes per hour.

Illinois Department of Children and Family Services  
2015-2019 Final Report

Call triage strategies continue to be in place to immediately identify emergency child safety situations and to better manage the response to callers. SCR Administration along with the Hotline supervisors continue to develop daily call response strategies that are employed at the beginning of every shift based on call volume and staff count. These efforts are aimed toward improving Hotline operations, which will result in increased child protection.

<b>FYTD 2019 Monthly SCR Call Volume (calls only)</b>		
<b>Month/Year</b>	<b>Call Volume</b>	<b>Average Daily Call Volume (Monday-Friday)</b>
July 2018	18,135	678
August 2018	20,259	739
September 2018	23,386	981
October 2018	24,820	1,000
November 2018	21,260	879
December 2018	19,897	845
January 2019	19,687	763
February 2019	20,694	909
March 2019	22,730	952
<b>FYTD 19 (July 2018 – March 2019)</b>	<b>190,868</b>	

### **Child Abuse Investigations**

Over the past five years, DCFS has continued to make diligent efforts to maintain a well-trained and robust front-line work force in the way of Child Protection Investigators to provide timely and careful responses to child abuse and neglect across the State of Illinois. In 2018 the Department created a “pipeline” for investigations to decrease delays between the time a person leaves the position and another is hired and trained. With implementation of this pipeline, more child protection staff have been hired over the past year than the last five years combined. There will be a continued focus on looking at report assignment levels to ensure adequate investigative staffing levels are maintained.

To better prepare staff for this difficult job, DCFS continues to utilize and improve foundations trainings and experiential learning through simulation labs. As the experiential learning continues to receive positive feedback and staff report gaining better competency with this model, a second simulation center has been added to better meet staff needs. Child Abuse Investigation staff and administration understand the profound importance of the job they do, and will continue to move forward to better serve the families of Illinois and to ensure child safety.

### **Strengths and Challenges of Safety Services**

The Final Report of the 2015-2019 CFSP describes the Illinois spectrum of Safety Services. Illinois has built a best practice safety intervention system over the last several years. The strength of this system begins with a focus on child safety and includes tools, process, partnerships, supervision and critical decision making in the field. Illinois continues to have one of the lowest

Illinois Department of Children and Family Services  
2015-2019 Final Report

removal rates in the nation and remains committed to keeping children at home with their families when it is safe to do so.

Over the past five years, the Department has focused on ensuring adequate staffing for investigations by adding acceptable degrees, heavy recruiting, and developing a pipeline to have candidates ready to step into vacancies and take cases. The Department is currently staffing investigations at a 10:1 ratio. As a result of these actions, child protection is in 99% compliance with meeting mandates and timely reports.

Intact Family Services are still mainly provided by private agency partners, but over the last fiscal year, the Department has hired additional internal intact staff to manage families considered a high risk. At this time, the private sector manages approximately 80% of all cases while 20% are handled by DCFS. Staff turnover, especially with our private agency partners, remains a struggle that is addressed continually. The Intact Utilization Unit assigns all referrals to ensure even and appropriate assignments to intact teams. Support to intact families has increased in terms of available flexible funding to assist families with services they may not be able to acquire otherwise. This has also opened the “referral door” slightly wider to address those families that with preventative services in place may not return to the attention of the Department.

The CERAP (Child Endangerment Risk Assessment Protocol) Citizen Advisory Group provides insight for child protection regarding the CERAP tool and continues to complete a yearly assessment of the reliability and validity of the tool. The Group’s FY19 research focused on completion at intact milestones, and have recommended workers receive an automatic SACWIS reminder to complete a CERAP every 90 days. This is being taken under consideration with the implementation of a new CCWIS system.

Additionally, the multidisciplinary workgroup (different than the group mentioned above) that met to address CERAP procedures has completed updates for child protection and is now focusing on an appropriate safety assessment for intact services and updating those procedures. This work will be ongoing into FY20.

## **Partnership**

Although DCFS is charged with the responsibility to care for and serve the families of Illinois, there are other entities also working in this endeavor. It is therefore a chief priority for the Department to continue our efforts to forge partnerships with our sister agencies as well as law enforcement, schools, medical providers, and numerous community organizations. Below will be described a number of agencies and programs with which DCFS collaborates in partnership.

## **Human Trafficking**

Since the Illinois Safe Children’s Act (2010) the Department has formalized the identification, response, education and provision of specialized services for the population of youth confirmed or at risk of becoming trafficked.

The Office of Delinquency Prevention and Restorative Justice continues to work towards insuring that policy and procedures related to trafficked youth are enhanced, informed and evidence-based. The findings of the Illinois Senate Bill 1763 work group heavily guided the focus of the

Illinois Department of Children and Family Services  
2015-2019 Final Report

Department's Human Trafficking Unit for fiscal year 2019. The goals based on the work group's recommendation were as follows:

- 1) Develop specialized placements for this population of youth.
- 2) Develop and implement an operational method to identify victims and those at a higher risk to become victimized, collaborating with the DCFS Office of Technology and Clinical Services, to immediately engage these youth in services to address and/or prevent their victimization.
- 3) Identify and purchase a prevention curriculum that will be taught statewide to youth in care.

Identification- Trafficking indicators on the significant events reports, youth missing from care and debriefing reports, risk/safety assessments, child protection added allegations of human trafficking (40/90) and the operating procedures for case managers and child protection staff have been added to each of these documents. In an effort to further identify trafficking or at-risk victims at the beginning of an investigation, the Department is researching valid and quantifiable risk assessment tools to be utilized by Child Protection Staff. The first identified tool, (STAR) will be piloted and its effectiveness assessed in the Northern Region during the next fiscal year.

Response - The Department's response to this population includes the development and implementation of policy and procedures that direct and guide the way staff respond to a youth who is trafficked or suspected to be involved in trafficking. Currently, policy and procedures are being reviewed for updates to ensure that policy is current, relevant, and aligns with training, federal and state legislations. Following are other response initiatives:

- The Department previously implemented training for foster parents, mental health professionals, case management, investigative, and congregate care staff statewide. In addition, the Department launched two media campaigns: "Our Children Are Not for Sale" and "Minors Are Victims Not Offenders."
- A Training workgroup with multiple agency partners was convened in fiscal year 2019. This workgroup made recommendations with regards to the content of Human Trafficking Training for staff and foster parents statewide, and training materials are being updated and revised accordingly. A web-based training will be launched upon completion.
- Understanding the need for a Multiple Disciplinary Team approach when working with this population, the Human Trafficking Program Manager participates on several Task Force and Multiple Disciplinary Teams throughout the State. This enables collaboration with stake holders, provides resources for services and information regarding trafficking trends across the state of Illinois. The Illinois Department of Children and Family Services and nine community stakeholders will be participating in a training offered by The National Criminal Justice Training Center (NCJTC) that will focus on the development of a multidisciplinary team to respond to Child Sex Trafficking. This will be the beginning of and first Multiple Disciplinary Child Sex Trafficking Response Team for the Department.
- The Department has entered into contracts with specialized placements in various states across the country and in Illinois that provide specialized services for youth in care who have experienced the trauma of being trafficked. Within Illinois the provider services female survivors of trafficking in a safe house/group home environment. The Department is also pursuing the development of additional contractual partnerships with community

Illinois Department of Children and Family Services  
2015-2019 Final Report

providers for specialized congregate care or emergency placement facilities in the state of Illinois. Efforts are being made to finalize contractual partnerships with providers for prevention services to congregate care settings across the state of Illinois

Although the goals of developing and securing specialized placements as well as identifying and purchasing a prevention curriculum have been attained, the Department continues to evaluate the effectiveness of service delivery and identified youth's ability to practice/model what has been taught. The Federal Government's Family First Act enables the Department to provide an even more enhanced prevention curriculum to congregate care and community settings. Additional prevention curriculums are being explored as well.

With regards to implementing "operational methods to identify victims and those at a higher risk of becoming victimized," the effort is ongoing. Overall, the Office of Technology Systems is in the process of being upgraded. The upgrades will include indicators for identifying victims of trafficking. The upgrade will be asked to include mechanisms in place to alert the Statewide Human Trafficking Program Manager, should a youth's scores on any assessment be high in trafficking risk factors.

As this office moves forward in addressing human trafficking within multiple systems, the Department will capitalize on the provisions in the Federal Governments' Family First Act. This may allow the Department to obtain reimbursement for the placement of youth identified as "at risk" of involvement in trafficking in congregate care settings that provide specialized treatment for this population.

### **Multidisciplinary Pediatric Education and Evaluation Consortium (MPEEC)**

MPEEC is the collaboration between Chicago Children's Advocacy Center (CAC), John H. Stroger, Jr. Hospital of Cook County, Ann & Robert H. Lurie Children's Hospital of Chicago, and University of Chicago Comer Children's Hospital. All of the pediatricians who conduct child abuse evaluations for this contract are Board Certified in Child Abuse Pediatrics. Chicago CAC coordinates the multidisciplinary investigations between the hospitals, DCFS, and the Chicago Police Department (CPD) and coordinates training by the Child Abuse Pediatricians (CAP). The CAPs provide mandated and second opinion medical consultation and written reports. Together, Chicago CAC and the partner hospitals are responsible for MPEEC management, development and strategic planning.

During the most recent five-year plan, the MPEEC program was administered out of the Chicago CAC, and the contract funded activities related to the coordination of abuse allegations of serious harms/injuries (head trauma, bone fractures, internal injuries, burns, and cuts, welts, bruising and abrasions) for children up to 36 months of age in Chicago. The contract also provided:

- mandated medical expert consultation and written opinions
- education of DCFS personnel, other medical professionals, and police investigators on the medical diagnoses of child abuse and MPEEC investigation procedures
- evaluation of the effectiveness of the program
- fostering the expansion of medical expertise in the field of child abuse.

During FY19 there were changes in the structure of the MPEEC program, and as of July 1, 2018, Chicago CAC no longer managed the MPEEC program and program administration was

Illinois Department of Children and Family Services  
2015-2019 Final Report

transitioned to Comer Children's Hospital. However, Chicago CAC's intake team still receives the initial reports, collects information and data, and refers it to the program coordinator at Comer Children's Hospital to manage the cases. Chicago CAC also continues to facilitate MPEEC trainings with DCFS that occur three times per year.

MPEEC leadership continues to review data each month as it relates to efficiencies and effectiveness of the program. This data includes the number of cases, the type of cases, and length of case coordination. This information is reviewed and discussed at the leadership meeting, and is also being used by DCFS supervisors and Area Administrators. This data highlights effectiveness, efficiencies, deficiencies and best practices for collaboration. As part of the changes made to data collection in FY18, the partner hospitals are tasked with managing and tracking data for the mandatory on-site cases at their facility and reporting to the MPEEC Coordinator. The hospitals also are tasked with submitting medical reports directly to DCFS and law enforcement. Chicago CAC is no longer acting as liaison for medical records.

A combination of FY18 and 19 statistics are given below:

**FY18 3Q:**

MPEEC responded to 46 mandated cases during this quarter. Of the mandated cases, 40% head trauma, 20% involved burns, 22% bone fractures, 16% cuts, welts and bruises, and 2% multiple traumatic injuries. MPEEC received five (5) second opinion cases, of which three (3) were accepted.

**FY18 4Q:**

MPEEC responded to 48 mandated cases during this quarter. Of the mandated cases, 34% involved bone fractures, 31% cuts, welts and bruises, 29% head trauma, and 6% involved burns. MPEEC received four (4) second opinion cases, of which four (4) were accepted.

Statistics for FY19 reflect the change in MPEEC structure:

**FY19 Q1:**

MPEEC responded to 35 mandated cases during this quarter. MPEEC received 13 second opinion cases, of which two (2) were accepted.

**FY19 Q2:**

MPEEC responded to 14 mandated cases during this quarter.

## **Child Death Review Teams**

The Illinois Department of Children and Family Services continues to administer the Child Death Review Teams (CDRT) as outlined by Illinois Statute (20 ILCS 515). Within this process, multi-disciplinary teams throughout the State meet 8 times per month (on average) to provide in-depth review of recent child deaths.

The review process includes an accurate and comprehensive determination of the cause of each child's death; assisting the State and counties in developing a greater understanding of the incidence and causes of a child's death; investigating all methods to preventing similar deaths; identifying any gaps in services to children and families, and developing and implementing measures to prevent future deaths from similar causes.

Illinois Department of Children and Family Services  
2015-2019 Final Report

The professionals on these teams are from disparate disciplines and agencies who have responsibilities for children and have the expertise that can promote child safety and well-being, and can share their expertise and knowledge to provide an in-depth analysis on these tragedies. The teams review the investigation (including medical records and police reports) and the service delivery processes to determine if additional efforts could have been made to prevent the child's death. A greater understanding of the incidence and causes of child deaths is necessary if the State is to prevent future child deaths.

The types of death cases that are *mandatory* for review per the Statute are those that have had some level of involvement in the State's Child Welfare System. These include:

- a) youth in the care
- b) youth subject to an open service case
- c) youth who are the subject of a pending abuse or neglect investigation
- d) youth who are the subject of an open abuse or neglect investigation in the 12 months prior to the youth's death
- e) indicated deaths resulting from child abuse or neglect.

*Discretionary* cases reviewed are those that are unfounded abuse/neglect investigations or other sudden, unexpected or unexplained child deaths.

Between January 2015 and March 2019, over 1000 child death cases have been reviewed by the CRDT. From these reviews, over 400 recommendations were made, categorized into four general types of recommendations, although some recommendations will include elements of more than one type. These include:

- Case-specific – immediate actions which must be taken on a specific child welfare case; usually related to siblings of the deceased or other children still in the home
- Primary prevention – focus on public awareness or public education issues (e.g., drowning prevention, firearm safety, seat belt/car seat campaigns)
- DCFS system – focus on the programs, policies, and procedures of DCFS (e.g., safety and risk assessment, foster parent training)
- Other agency/system – focus on agencies or systems outside the parameter of DCFS (e.g. public health, state's attorney's office)

DCFS is required to respond to each recommendation within 90 days. For each recommendation that DCFS agrees with, implementation of that recommendation must occur within 90 days. Many of the recommendations submitted have been implemented. While it is impossible to measure the number of children who *didn't die* based on the recommendations made, the teams are confident that their efforts prevent many deaths and improve the various systems faced with ensuring the safety and well-being of youth.

The most common cause of the child deaths reviewed are caused by suffocation or have an undetermined cause of death. Most of the cases in these two categories involve unsafe sleep practices for infants and are 100% preventable. In January 2019, Rush University Medical Center received a grant to establish a Sudden Unexpected Infant Death (SUID) Registry in Cook County.

Illinois Department of Children and Family Services  
2015-2019 Final Report

Rush University Medical Center is partnering with the Cook County Medical Examiner's Office and the Child Death Review Teams to collect and analyze data and advance the understanding of factors associated with SUIDs. With this partnership, it is anticipated that additional data and effective prevention efforts will increase and more children will be saved.

Other common causes of death in the cases reviewed include illness, drowning, firearms and injury.

The Child Death Review Team process will continue to function in upcoming years as prescribed by law.

## **OIG Education Initiatives**

As described in greater detail in past years' APSR, over the past 5 years (2015-2019), the Office of the Inspector General successfully continued its training efforts and project initiatives as mandated by the 2008 Error Reduction legislation -- namely to identify and remedy patterns of errors or problematic practices that comprise or threaten the safety of children.

In summary, between 2015-2019 these efforts included:

- Updating and reissuing the 2012 edition of *"A Helpful Guide for Parents and Caregivers"* (CFS 1050-69) -- a required element of the Home Safety Checklist assessment;
- Updating and reissuing the *"Caring for Children with Chronic Health Conditions Guide: A Guide for Caregivers and Child Welfare Professionals"*;
- Collaborating with the DCFS Office of Learning and Professional Development and the University of Illinois Springfield--Child Protection Training Academy to develop training curricula addressing specific OIG investigative findings that had specific implications for training. This collaboration will continue into FY20 with plans for development and delivery of trainings for intact family services staff.
- Conducting Community Mapping training for Intact Family case managers. This training initiative will continue into FY20 and beyond.
- Adapting the Young Parent Training for DCFS-involved mothers in a recovery home;
- Continuing collaboration with the Teen Parent Service Network (TPSN) to track and monitor Young Parent Trainings to ensure fidelity to the training model;
- Conducting "Train the Trainers" events to certify other child welfare professionals in Illinois to be able to conduct the Young Parent Trainings statewide.
- Developing an Error Reduction training series entitled "Lessons Learned from Physical Abuse Fatalities," and conducting statewide Error Reduction trainings on aspects addressed curriculum, such as Egregious Acts of Physical Maltreatment. This training initiative will continue into FY20 and beyond.
- Developing the "Maltreatment Continuum" -- a research-based visual tool to be used in assessing and reviewing cases of egregious acts of maltreatment.
- Collaborating with the Cook County Youth Advisory Board to develop resource guides for DCFS youth in an effort to increase the number of youth in care who make successful transitions to college or post-secondary programs. The OIG subsequently collaborated with the Office of the Cook County Public Guardian to develop a related training.

## **Substance Abuse Collaboration**

Substance Use Disorders (SUD) frequently co-occur in families impacted by child abuse and neglect. The Department of Children and Family Services coordinates efforts with the Illinois Division of Substance Use Prevention and Recovery (SUPR) to meet the needs of individuals and families in the child welfare system who are impacted by substance use disorders. Children and family members involved with DCFS are screened for substance use disorders at entry, transition, and multiple other milestones within the life of a DCFS case. Cases indicating a need for SUD treatment are referred to programs funded by SUPR for further assessment, level of care determination, and treatment.

Due to the programs that have been described in past years' APSR's, and the lessons learned over this time, SUPR and DCFS plan to improve and/or expand some of the existing programs, such as the Intact Family Recovery Program, and the Family Recovery Partnership. Below are the goals that will be described in more detail in the 2020-2024 CFSP:

### Overview of the Goals

- Develop and implement a youth recovery home program for youth in care who are in early recovery;
- Implement instant drug testing capability statewide;
- Create a second parent and child recovery home, possibly in another Chicago neighborhood, but location has not been determined;
- Generate a downstate task force to address substance abuse issues outside of urban areas;
- Expand Intact Family Recovery programming outside of Cook County.

## **Child Advocacy Centers**

Child Advocacy Centers (CAC) are an important resource for child protection and the Department remains committed to supporting them. Originally established to meet the needs of children who have been sexually abused, CAC have increased their focus to assist with children who have been seriously physically injured and or who have been involved child death cases. There are currently 39 centers statewide which cover 95 of 102 counties and diligent work continues in those seven counties to develop centers. The goal is to have all 102 counties in Illinois covered by a center.

The usage of the CAC to assist child protection continues to increase and over the past fiscal year alone 12,424 forensic interviews were performed at CAC statewide, with services increasing 18.3% over the last fiscal year. Additionally, there were 2607 medical referrals. Current 2019 numbers suggest a possible increase of at least 1000 forensic interviews before this year is completed.

The Department acknowledges the multidisciplinary team process at the CAC as best practice in performing investigations and procedures have incorporated that philosophy. Child Protection staff are supported by the Department to attend and participate in forensic interviewing and multidisciplinary team training. The Department currently provides supportive funding to the CAC and is committed to future support as the CAC's provide an important component in keeping

children safe, improving the prosecution of abusers and supporting the well-being of families and victims.

### **Community-Based Child Abuse Prevention Activities (CBCAP)**

The Illinois Department of Children and Family Services continues its commitment to join additional agencies, coalitions and organizations to expand its focus, achieve common goals and to facilitate supports to those with unmet needs, especially those in situations where the potential for abuse and neglect are heightened. The Illinois CBCAP Program is designed to support community-based efforts to develop, operate, expand, enhance and coordinate initiatives, programs and activities to prevent child abuse and neglect. CBCAP Programming includes the coordination of resources and activities to better strengthen and support families to reduce the likelihood of child abuse or neglect. CBCAP funds are used to support Primary Prevention Programs and Strategies available to all families and Secondary Prevention Efforts that target children and families at risk.

In 2018 the CBCAP Lead Agency continuously provided resources, services and trainings to support the state's prevention efforts to reduce child abuse, neglect and maltreatment of children in Illinois. The CBCAP program support, networking and training opportunities resulted in the following:

1. Child Abuse Prevention Activities
  - 913 public awareness and education activities were facilitated
  - 42,812 people attended public awareness and education events
  - 4,125 families were provided information about Protective Factors to prevent child abuse and neglect
  - 230,070 meals were served to parents and/or their children
  - 1,603 families received cash assistance
2. Preventing Child Sexual Abuse
  - 20 Darkness to Light: Stewards of Children trainings were held
3. Promoting Infant Care and Safety
  - 6 Happiest Baby on the Block trainer trainings were held
  - 17 Shaken Baby Syndrome trainings were held
  - 843 parents successfully completed parenting education courses
  - 230,070 families received diapers, formula, toiletries or funds for other items of need
4. Addressing the Connection between Substance Abuse and Child Abuse
  - 14 Methamphetamine and Other Substance Abuse trainings were held
5. Addressing the Connection between Family Violence and Child Abuse
  - 10 Effects of Domestic Violence on Children trainings were held
6. Promoting Home Visitation Programs for New Parents
  - 935 parents successfully completed in-home visits where parenting skills were practiced.

The programs funded through CBCAP and matching funds are diverse in both the population served and the types of services offered. These affiliations and cooperative agreements range from child abuse prevention coalitions at the community level to the creation and professional growth of the Coalition for Crisis Nurseries of Illinois. Served are children, parents and family units of all ages, races and gender, and those having mental, emotional and/or physical

Illinois Department of Children and Family Services  
2015-2019 Final Report

challenges. Difficult life situations are resolved in various ways from parenting education programs to the recruiting and training of Court Appointed Special Advocates.

The social service agencies supported through CBCAP and matching funds are doing more with less. Their target populations are growing and include minorities, the poverty-stricken, the undereducated, the legally involved, the homeless, victims of domestic violence, and the HIV-AIDS affected. The lead agency continues to be sensitive to funding those programs who serve children and families having the least resources, the greatest of hardships, and the greatest risk of child abuse and neglect.

In 2018 Individuals experiencing the following special circumstances were served:

- Incarcerated Parents: 1,023
- Persons with Mental Health Needs: 2,656
- Persons with Substance Abuse/Addiction: 517
- Domestic Violence Victims/Families: 1,242
- Homeless Persons: 3,701
- Human Trafficking Victims: 25

Every child deserves to grow up healthy, safe and secure and Illinois child welfare providers understand and proactively work in collaborations and cooperation with other service providers, governmental agencies, private and public-sector parents, community organizations and Child Abuse Coalitions and Networks to design action plans and initiatives to prevent child abuse, neglect and maltreatment of children.

## **Sub-Chapter 4B – Permanency Services**

**Introduction to Permanency Services:** Illinois child welfare has continued efforts towards keeping permanency as one of its paramount goals. This is first and foremost done at the initial contact with the family, the very beginning stages of engagement. Whenever possible the goal is to keep children with their families by providing both community and DCFS contracted services. If this is not initially possible and a child must be removed due to safety concerns, it becomes the goal to make every effort to reunify the family once the reason for the initial removal has been alleviated. If a child is not able to return home due to no reasonable efforts by the parents, Illinois child welfare and the courts are charged with seeking permanency for the child. The need for a child's permanency, regardless of the type, is something that is highlighted in Procedures 315 - Permanency Planning. A highlight during this reporting period is that Procedures 315 was revised and all staff (DCFS and private agency) were trained on the new material.

### **Out-of-home Care**

#### **Foster care services**

Illinois child welfare provides a variety of foster care programs and coordinating level of care for children based on their needs. Relative or Fictive Kin care is always sought if a child must enter substitute care. Investigative and Foster care staff seek relatives (blood relatives and those persons who meet the criteria of fictive kin) through initial interviews, and if no one can be easily located, then staff engage in Family Finding efforts. If a relative is located but not suitable for placement or cannot take placement of the child, they may continue to have a relationship with the minor in a supportive role. If relative placement is not possible, traditional foster care is utilized. If a child's needs exceed that of relative or traditional care, those youth may be placed in a level of care to meet their needs, these include specialized foster care, therapeutic foster care, emergency foster care, or different levels of congregate care.

#### **Therapeutic Foster Care**

The Therapeutic Foster Care (TFC) program began in Illinois as a response to 2016 legislation requiring a reduction in the number of youth in residential care and in finding a more family-like setting for youth still requiring a higher level of care. There is an ongoing effort to identify appropriate therapeutic foster homes for youth who would benefit from these services.

- FY19 YTD total referrals to TFC – 36
- FY19 YTD total number of youth accepted to TFC – 61

As of this writing, there are two programs for TFC with contracts through LSSI (Lutheran Social Services of Illinois) and CHASI (Children's Home and Aid Society of Illinois.) The pilot program has been for Cook County and the Northern Region. Teams are in Chicago, one in Aurora, and one in Rockford for LSSI. CHASI's work is only in Cook County. One additional TFC program is currently in development for FY19, and would open an additional 18 beds. The New Program Development Committee continues to meet weekly to review the status of all proposed programming.

## Residential Treatment and Monitoring

The statewide residential, Independent Living Option, and Transitional Living Program (ILO/TLP) Monitoring Team consists of highly-skilled social work professionals who represent the Department in conducting monitoring reviews of residential treatment and ILO/TLP agencies. They work collaboratively with multiple stakeholders to assure compliance with program requirements:

- Youth's progress towards discharge from treatment programs; and
- Youth gaining skills to support self-sufficiency.

Residential Monitoring is accomplished through the combined efforts of DCFS Traditional and TRPMI (Therapeutic Residential Performance Monitoring Initiative) pilot team members. Residential Monitoring has oversight responsibility for a total of 39 residential treatment facilities with a total of 181 units. 930 youth in care are currently receiving residential treatment services. ILO/TLP Monitoring has oversight responsibility for 27 ILO/TLP agencies providing services for 368 TLP youth and 287 ILO youth. The team also monitors two shelter programs.

DCFS continues to partner with Northwestern University and the University of Illinois at Chicago toward developing the TRPMI, an improved monitoring system. TRPMI is designed to effectively monitor, evaluate and promote therapeutic residential program effectiveness as well as enhance youth treatment, progress and well-being. TRPMI is clinically driven, trauma-informed and team oriented with a focus on utilizing continuous quality improvement (CQI) methods and addressing organizational culture and climate. As data confirms TRPMI strategies are effective, those strategies will be implemented throughout Monitoring statewide. Key areas of progress currently include:

### Run Initiative

TRPMI initiated a QI project to review each provider's runaway protocol to:

- assess the protocol's consistency with the runaway guidelines and DCFS policy
- determine whether the provider is using an effective assessment process that identifies youth at risk to run as well as those assessed as potentially dangerous or vulnerable while on unauthorized absence.

Additionally, TRPMI developed a process to evaluate each provider's implementation of the protocol with respect to prevention and individualized planning. The goals of this QI project include:

1. achieving greater fidelity in reporting runaways
2. assisting providers in establishing clear, consistent guidelines for staff with respect to the six domains
3. helping providers establish a way to effectively assess youth at high risk of runaway and those who are highly vulnerable and dangerous during run episodes, because many of the youth will require individualized treatment planning
4. reducing providers overall runaway rate.

TRPMI met with Traditional Monitoring staff to assist them in implementing this initiative across all Illinois residential agencies serving DCFS youth. TRPMI developed review and assessment tools to assist in this process, and also provided training about the Runaway Reduction Initiative to Traditional Monitoring staff. TRPMI continues to provide ongoing consultation with respect to this effort. Traditional monitoring implementation is proceeding in a stepwise manner, initially

Illinois Department of Children and Family Services  
2015-2019 Final Report

focusing on a subgroup of providers served by Traditional Monitoring to identify barriers and further refine their processes.

### Youth Experience of Care Survey

TRPMI and Traditional Monitoring partnered with the DCFS Statewide Youth Advisory Board (SYAB) to revise the Youth Experience of Care Survey. The SYAB recommendations were then incorporated into a revised survey. A Youth Experience of Care Survey instrument was finalized for youth over age 12. In partnership with the SYAB, youth in both the TRPMI and Traditional residential programs were surveyed during October and November 2018. Analysis of the data has been completed and a report regarding findings was expected to be released in April 2019. Additionally, a subcommittee of TRPMI and Traditional Monitoring developed two alternative surveys for youth under 12 and for those with cognitive limitations. These surveys were disseminated in March 2019 and phase 2 will begin April 2019.

### Data Development

The Department of Information Technology (DoIT) Leadership is recommending TRPMI be one of the first pilot testers/early adapters of the Dynamics technology and Data Warehouse functionality. DoIT is partnering with TRPMI to develop a residential portal in the DCFS Data Warehouse. CCWIS will be built on top of the Microsoft Dynamics platform and the systems will become a Dynamics integrated module. This system will have the ability to build screens for Monitoring's internal use and it also offers web portal functionality which allow Monitoring to provider portals where providers can enter their own data which will be fed into the Dynamics platform. Monitoring will have access to the data entered by Monitoring as well as all of the updated SACWIS case and investigations data

### **Initiatives to Assist with Achieving Permanency**

Permanency is one of the primary overarching outcomes for youth who are involved in the foster care system. Illinois child welfare is engaged in several initiatives aimed at improving permanency practice and outcomes for children and families in Illinois. There are many services aimed at providing positive outcomes to assist the child and family towards reunification. When this is not possible, legal permanency is sought through adoption or guardianship.

The initiatives below are utilized to support the permanency process and allow for sustainability of permanency for youth. Many other programs, previously addressed, also assist in improving permanency rates, and insuring that Illinois' children and youth are provided the best possible chance of finding safety and well-being in a permanent home.

### **Clinical Intervention for Placement Preservation (CIPP)**

Over the past five years CIPP has evolved in how its practice has been implemented. The facilitated team decision making process has stayed the same, but in addition to facilitating decisions regarding levels of care for youth, CIPP has been used periodically to help step youth down from residential, facilitate adoptions that were stuck moving forward, and partnering with other staff from the Clinical Division, Psychologists and Clinical Coordinators to conduct meetings for youth in the hospital, shelters or detention centers. CIPP staff have continued to emphasize family and youth voice in the planning process. Current data for FY'19 Q1-Q3: 2150 total meetings of which 903 were priority clinical staffings, i.e. hospital, shelter and detention.

Illinois Department of Children and Family Services  
2015-2019 Final Report

The multi-disciplinary model has only been used with youth who are hospitalized, in the shelter or in detention. The process of completing this model across all scenarios will hopefully occur during next fiscal year, with challenges including staff resources and coordination across departments.

A survey for this process has been created, but is still in draft form, being adjusted to address the multi-disciplinary staffings. The survey is expected to be implemented in the early part of FY20.

#### Additional projects in FY19

- A universal referral form has been created for use by all Clinical programs and is expected to be implemented within the next few months.
- In the early part of FY19 all clinical facilitators were given access to SACWIS, which has allowed staff to be better prepared for meetings. This has been a great asset in being able to develop more comprehensive plans and still be able to have a more urgent response to our meetings.
- All clinical documents are now located in one central data base to which all clinical staff have access. This has greatly improved communication when there have been multiple meetings throughout the year.
- Data collection for psychiatrically hospitalized youth has greatly increased this year and has enabled the clinical division to measure outcomes such as recidivism, time frames for staffing, length of time in each hospital admission, and type of placement recommendations. The program has the ability to expand the capacity of data to be collected and measured and then be incorporated into all clinical meetings.

#### **Central Matching**

The purpose of the Centralized Matching Team (CMT) continues to be to facilitate, expedite and support the placement of children and youth in a stable placement with the capacity to provide, or to access, timely and effective services. CMT has a statewide perspective to equitably manage services and resources throughout the state. The focus of the referral and matching process is to facilitate a good clinical fit between the youth and family's needs and program services while managing utilization of statewide services and resources. The referral and matching process is centralized and considers a variety of factors to achieve a good clinical fit between the youth's needs and program services. These factors include the youth's presenting problems and need for specialty services, family relationships and dynamics, school or employment situation, and availability of program services and expertise. The matching process balances the youth's clinical needs with available resources, and whenever possible, strives to match youth to programs located in proximity to the youth's family and social support system. If the youth cannot be placed in a program close to family, CMT stresses the importance of maintaining those connections through collaboration between the worker/supervisor and the placement resource to facilitate phone calls, video conferencing (i.e. facetime, skype, zoom, etc) and in-person visits.

Keeping in mind the factors mentioned above, CMT continues to match youth in several ways. Typically, documents are sent to CMT after a CIPP, Residential Transition Discharge team meeting or a clinical staffing has occurred, which provide a recommendation for level of care. A match is made to specific programs that can meet the needs of the youth and family. CMT staff may also be asked to participate in these various meetings to provide expertise around placement resources during the staffing process. Their purpose in participating is to bring their knowledge of services and placement resources to the meeting of which other participants may not be aware,

Illinois Department of Children and Family Services  
2015-2019 Final Report

with the goal of supporting foster care placements, reducing placement disruptions and, when necessary, providing information as to what placement resources, such as Residential or Group Home, or Independent/Transitional Living programs, may meet a youth and family's needs. In addition, CMT staff utilizes their expertise around placement resources, for youth stepping down from residential or group home programs, youth needing placement resources that are psychiatrically hospitalized, or in detention/Department of Corrections (DOC).

In 2015, it was reported that the Department, in an effort to broaden the services and programs offered in Specialized Foster Care, included Adolescent and Aggregate Foster Care. While the Adolescent Foster Care programs continues to thrive, the Aggregate Foster Care Home contract was terminated by the contracted Agencies' choice in FY17. In FY18 the Department added Therapeutic Foster Care Homes under the Specialized Foster Care umbrella to provide additional alternatives to Residential Care for youth. These programs are currently thriving and continue to be developed as resources for our youth.

Thus far in FY19 CMT staff has been involved in matching episodes for 2321 youth to various placements. CMT staff continue to strive to match youth within 2 to 3 days of the case being assigned and the current average number of days between the date the case is referred and the date the match is submitted is 2.7 days. CMT staff also conduct ongoing follow up calls with assigned agencies to review and prioritize matched youth. There continue to be challenges with movement of youth in and out of the various levels of care due to a loss of resources over the last 6 years. However, the Department continues to work with existing and potential providers to develop more resources for Illinois' youth in care.

### **Reunification Foster Care**

DCFS has policy and procedure in place that supports swift reunification. The process begins immediately upon removal of the child from the home. From that point:

1. Child protection staff should inquire if there are relative or fictive kin placements where the child can be placed while the parents work to resolve the issues that brought the child into care.
2. Reunification services are provided immediately through the Integrated Assessment process to assess the needs of the family and alleviate the safety concerns that led to the child's removal.
3. The client Service Plan should be developed with the family and be based upon what led to the removal of the child as well as any underlying issues identified in the Integrated Assessment.
4. The Service Plan should be reviewed with the family during each monthly contact as well as during the Child and Family Team Meeting (CFTM), which is an integral part of the reunification process. The CFTM is a function that allows for the "team" that includes all pertinent members to come together to discuss and reflect on the process of reunifying the family, build professional relationships, encourage shared parenting, and bridge family supports that will continue to help the family once the Department's involvement is no longer present. (See further information regarding CFTM in Chapter 3.)
5. Referrals for necessary services are made immediately to assist the parents with the identified issues with an initial goal to attempt reunification within six months, if possible.
6. At the six-month period, an initial Administrative Case Review (ACR) is held to review the progress made with identified services and to identify any barriers to the completion of the return home goal.

7. The case is also reviewed every six months in the court that hold the jurisdiction to ensure that the child's sense of time and permanency towards reunification continues to be the correct permanency goal for the youth or if the goal needs to be revised.

### **Intensive Placement Stabilization Services (IPS)**

The IPS program is a community-based program that provides an array of critical, intensive, in-home therapeutic interventions to clients for whom DCFS is legally responsible with trauma reactions, emotional and behavioral problems, and who are at risk of losing their current placement/living situations and their families. IPS was developed in response to the BH Consent Decree that requires the Department to provide services to children in the least restrictive setting.

#### **FY19 Activities:**

- IPS attends Priority Clinical Staffings (PCS) to provide clinical input, to serve as community resource experts as well as to assess whether the IPS program could provide stabilization services to the families coming to PCS. IPS also attends Clinical Intervention for Placement Preservation (CIPP) meetings for all children with whom they are engaged. In the calendar year January - December 2018, IPS attended a 1530 PCS and/or CIPP meetings.
- IPS and Psychiatrically Hospitalized Children: IPS is continuing to work with DCFS Clinical to create a protocol for working with youth in psychiatric hospitals to provide intensive in-home stabilization services to the youth and family in the critical months following discharge from the hospital. The outcome measures will be the same for this population as in the traditional IPS program.
- IPS and Specialized Family Support Program (SFSP): Since April 1, 2017 IPS has continued work with Healthcare and Family Services, Department of Human Services, Department of Juvenile Justice, Department of Public Health, and the Illinois State Board of Education to create a pathway for youth at risk of custody relinquishment to receive services through the appropriate child-serving agency. Youth are at risk for custody relinquishment when a parent or guardian refuses to take the youth home from a hospital or similar treatment facility because of reasonable belief the youth will harm him or herself or other family members upon the youth's return home, and there is no evidence of abuse or neglect. IPS continues to provide short-term stabilization services for children 10 and younger that are enrolled in the program. It is important to note these children are not youth in care; the program is designed to keep them from becoming youth in care. It is not anticipated that many children that young will be at risk for custody relinquishment but the information will be tracked.
  - Progress: SFSP has had a very small number of under-10 youth at risk of custody relinquishment; as a result, IPS has served two youth since the inception of the program.

#### **Data and Data Sources:**

1. Demographics:

Illinois Department of Children and Family Services  
2015-2019 Final Report

CY2018	
# episodes	Unique Youth Served
1584	1517

<b>Age</b>							
	0-5		6-11		12+		Total
Northern	83	21.2%	167	42.7%	141	36.1%	391
Central	84	21.0%	179	44.8%	137	34.3%	400
Southern	72	24.2%	125	42.1%	100	33.7%	297
Cook	114	21.2%	251	46.7%	172	32.0%	537
State	353	21.7%	722	44.4%	550	33.8%	1625

<b>Race/Ethnicity</b>									
	African American		Non-Hispanic White		Hispanic		Other		Total
Northern	191	48.8%	144	36.8%	51	13.0%	5	1.3%	391
Central	149	37.3%	237	59.3%	12	3.0%	2	0.5%	400
Southern	57	19.2%	233	78.5%	2	0.7%	5	1.7%	297
Cook	385	71.7%	71	13.2%	76	14.2%	5	0.9%	537
State	782	48.1%	685	42.2%	141	8.7%	17	1.0%	1625

2. Outcomes:

- a. A main outcome of the IPS program is placement stability, measured as placement moves by a child during services or within 6-months of case closure.

<b>Cases Closed between Jan 1, 2018 and Dec. 31, 2018</b>			
	No moves during services	1 or more moves during services	Moves within 6 Months of Case Closure (All cases)
Number of Episodes	690	253	232
	437 (63%)	(36.7%)	(33.6%)

Placement stability rates continue to be an area for improvement. The above statistics show that 63% of children do not move during their case. The above statistics for moves count the same youth twice if they moved during services and after services. Future data reporting will be focused on determining how many youths fall into this category.

- b. A small portion of the youth in IPS are served as part of support after a psychiatric hospitalization or residential “step-down”. The youth were not traditionally part of the IPS client population and explain some of the lowering in placement stability rates:

Illinois Department of Children and Family Services  
2015-2019 Final Report

<b>Cases Closed between Jan 1, 2018 and Dec 31, 2018 Stepdown from Psychiatric Hospital or Residential</b>			
Number of Episodes	No moves during services	1 or more moves during services	Moves within 6 months of case closure (all cases)
101	50 (49.5%)	51 (50.5%)	30 (29.7%)

CANS Outcomes: IPS measures client outcomes via the Child and Adolescent Needs and Strengths. Youth are scored within 30 days of opening and again when the case closes. There was positive progress among all demographic groups, both increases in usable strengths and decreases in actionable needs.

<b>Strengths by Age</b>				
Age	N	Usable at Open	Usable at Discharge	Percent Change
0-5	111	45.6%	55.7%	22.1%
6-11	321	52.3%	62.8%	20.1%
12-17	194	53.7%	60.7%	13.0%
18+	18	51.7%	55.6%	7.5%
<b>Total</b>	<b>644</b>	<b>51.7%</b>	<b>60.8%</b>	<b>17.6%</b>

<b>Needs by Age</b>				
Age	N	Actionable at Open	Actionable at Discharge	Percent Change
0-5	111	11.9%	6.9%	-42.0%
6-11	321	12.5%	8.2%	-34.4%
12-17	194	14.9%	11.5%	-22.8%
18+	18	16.2%	10.7%	-34.0%
<b>Total</b>	<b>644</b>	<b>13.3%</b>	<b>9.1%</b>	<b>-31.6%</b>

**FY20 Goals:**

1. Continued implementation of the evidence-informed practice of Attachment, Regulation and Self-Competency (ARC) which includes training new staff and sustain the practice with existing staff to prepare IPS staff for the acuity of children and families being served in IPS.
2. Increase IPS administration's capacity and ability to analyze data for both outcomes measures and to use in ongoing quality assurance efforts.
3. Successfully develop the implementation plan necessary to grow the IPS program in a strategic and targeted manner to ensure the successful enhancement of multiple move children.

Illinois Department of Children and Family Services  
2015-2019 Final Report

4. Continue to identify risk factors for placement instability to recognize high risk populations early and provide in home stabilization services quickly in efforts to preserve the child's placement.
5. Improve engagement of adolescents age 12-18 and adapt services to their unique needs, particularly regarding the transition to adulthood.

## **Permanency Enhancement Project**

The Permanency Enhancement Project's overall goal of reducing and/or eliminating racial disproportionality and disparities of families and children of color in the Illinois Child Welfare Systems, and thereby improving outcomes for these populations has not been met. Children of color continue to be disproportionately represented on key outcome measures including entries into care, longer stays, fewer exits and other critical permanency decision points. African-American children are significantly overrepresented in these poorer outcomes while Latinex children are underrepresented and feared to be underserved compared their African-American and White. *See Data: below.*

However, progress towards addressing disparities, race and equity awareness and changes to our child welfare practices have been made over the period of our 2015-2019 Child and Family Services Plan.

During the 2016-2018 implementation of the Department's Immersion sites, mandatory refresher training for service staff and supervisors on our system's Core Practice Model were offered a curriculum infused with language, concepts and values consistent with racial equity methodology. The insertion or integration of this language into that existing model laid the foundation for the development of a "Race-Informed Practice Training Model" that better informs our engagement with families of color, changing our practices and thereby mitigating the harmful effects of implicit racial bias and structural racism.

The Office of Racial Equity Practice developed a curriculum and practice tools for the Race-Informed Practice Training in 2016. The Office continues to seek out necessary financial and consulting resources from Department leadership to launch a pilot of the training and implementation.

The timeframe for creating a broad-based Education Campaign titled "Informing Our Child Welfare Practice by Race" being developed by the Child Welfare Advisory Committee (CWAC) Racial Equity Practice Subcommittee has been extended and now scheduled for release in fall of 2019. The Committee, established in 2016, is chartered to ensure that Illinois supports a race-informed child welfare system by embedding racial equity principles and values into ongoing trainings/practices/policy. The campaign is intended to educate, promote and encourage greater awareness and understanding of racial equity and the impact of existing racial inequities in the Illinois Child Welfare practice and systems.

Foundational to the Permanency Enhancement Project stratagems, the ongoing work of 3 Regional Transformation Teams and network of 30+ Local Action Teams throughout our state system continues to expand the systems' "Equity IQ", and capacity to openly dialogue on the intersectionality of implicit bias, racism, safety, permanency and well-being. It is this increased capacity that positioned our system to develop a Race-Informed Practice Training Curriculum in 2016 as a prospective intervention, ready for piloting.

### **Data**

The following data is taken from the University of Illinois Children & Family Research Center's FY2018 Disproportionality and Disparity Report.

Examination of the relative RDI\* for the three groups at the state level shows that African American children are more likely to be taken into **protective custody** compared to the rate at which they are investigated (relative RDI = 1.2 in 2017), while Hispanic children are less likely to be taken into protective custody compared to their investigation rates (relative RDI = 0.6 in 2017). This means that protective custody is disproportionately used for these two racial groups compared to their representation at the investigation stage. The relative RDI for White children are close or equal to 1, which indicates that there is little difference in the rates of protective custodies compared to rates of investigation. *There is little change in the relative RDIs in any of the three groups across the seven years (2011-2017).*

When examining relative RDIs, both White and Hispanic children who stayed in substitute care more than 36 months are at rates proportional to their representation when they entered care across all the regions (relative RDIs are at or close to 1). The relative RDIs for African American children are slightly overrepresented (relative RDI = 1.2 from 2011 to 2014). Examination of the regional relative RDIs shows similar results across the regions.

\*The Racial Disproportionality Index (RDI), in which the percentage of children in a racial group involved in some part of the child welfare system is divided by the percentage of that group in a base population. RDI values less than one (1.0) indicate underrepresentation, value greater than one indicate overrepresentation

### **Adoption Preservation and Support**

Each of the four regions of DCFS has Post Adoption staff that provide intervention and support services to the adoptive and guardianship families in their respective region. Once an adoption or guardianship is finalized, the case is assigned to a Post Adoption worker. A welcome letter providing the name and contact number of the assigned worker is sent to the family upon the permanency case being opened. There is also a statewide toll-free number that will connect families to the Post Adoption Unit in their region.

The unit's goal is to normalize and take away the stigma of looking for help, and help families not to wait until they are in crisis before they contact the Post Adoption Unit. The website PATH (Partners Available to Help) Beyond Adoptions is fully implemented, and ASAP (Adoption Support and Preservation) providers will be working with DCFS to develop content and keep families updated on current relevant information.

During the last five years DCFS has been engaging Statewide Stakeholders, From the Adoption Advisory Council, Private Agency Adoption Staff, Adoption Registry-Confidential Advisory Council and ASAP service providers to enhance the Post Adoption Services provided.

Improvements have been made to the statewide adoption phone line to make sure that the issues of all adoptive and guardianship parents are addressed and their needs are met in a timely manner. The ability to identify service needs based on regions has increased with the addition of an upgraded toll-free phone bank that is able to capture categories of service requested in

Illinois Department of Children and Family Services  
2015-2019 Final Report

specific regions. The upgrade allows DCFS to make appropriate adjustments for service increase types within regions, and in addition, it allows monitoring of response time to calls.

Adoption and Guardianship Support and Preservation Services (ASAP)

ASAP provides services to families created through adoption or guardianship who may experience problems that require services to help the family maintain/gain stability and reduce the risk of out-of-home placement. The adoption support and preservation programs help families who often feel they are at the end of their rope or may need additional support. Adoption and guardianship preservation services are home-based services provided to the family. Different clinical techniques are used with the goal of identifying and addressing issues to stabilize the family.

One of the services provided is the Comprehensive Assessment/Crisis intervention. Preservation staff will respond within 24 hours and make an in-home visit within three days. A therapist will help the family complete an assessment, identify their own strengths, and develop a family treatment plan within 30 days from the referral to the program.

Clinical Services that can be provided include:

- The therapist assigned to complete the Comprehensive Assessment/Crisis intervention will provide the clinical services in the family treatment plan.
- Support groups are offered for both parents and children/youth at times and locations that meet the family's needs.
- Case management/advocacy services: The preservation agency will manage the case and the services as outlined in the family treatment plan. Referrals are made to community-based programs for intervention with the local school district as needed.
- Children's mental health advocacy service: The preservation agency will facilitate services for children/ youth with mental health needs. Referrals and agency linkages are made with appropriate service providers.
- Cash Assistance: Should a family participating in the program experience economic hardships or require specialized services that cannot be obtained through other resources, a cash assistance payment limited to \$500 per family per fiscal year can be provided.
  - One of key elements to preservation services is service to the whole family to prevent disruptions. Preservation services are provided to adoptive and guardianship families by nine private child welfare agencies that serve a specific geographic area.

Recipients of Post Adoption Support Services that have been documented from April 10, 2018, 2018 thru April 10, 2019 are as follows:

- 1, 453 Post Adoption Services
- 490 Private contracted counseling/therapy services
- 71 Therapeutic Daycare
- 2 Other Pre-Approved Services
- 10 Equipment repairs
- 36 Psychological
- 52 Respite

Illinois Department of Children and Family Services  
2015-2019 Final Report

Search and Information Program

Initiating Clients for information 452  
Relatives Who were located 72 (within FY'19,)

CISI Program

Number of petitioners 220  
Number of found relatives 102 (within FY'19, unclear data for FY'18 last two quarters)

Backup Care Provider Services

Adult Guardianship 21  
Backup Caregiver 12  
Adoption due to death 19  
Educational Advocacy Services 17  
Juvenile Court Liaison Services 22  
Older Caregivers 28

Calls received regarding potential disruptions

Calls to agencies with potential placement disruption: 260  
Calls received by agencies in which services were declined: 0

**Guardianship Services**

KinGap

The KinGap subsidized guardianship program implements provisions of Public Law 110-351 that allows the State to enter into guardianship agreements to provide assistance payments to grandparents, relatives and fictive kin who have assumed legal guardianship of children whom they have cared for as a licensed foster parent and for whom they have committed to care for on a permanent basis. The program offers a subsidized guardianship arrangement for children for whom the permanency goals of Return Home and Adoption have been ruled out.

KinGap is an option to a child who is in a foster care placement where:

- the relative has consistently demonstrated the ability to meet the child's physical and emotional needs
- the child demonstrates a strong attachment to the prospective relative guardian
- and if a child is 14 years or older, s/he must consent to the kinship guardianship arrangement.

Additionally, this option helps children leave foster care to live permanently with relatives.

With the passage of the Fostering Connections to Success and Increasing Adoptions Act of 2008 (H.R.6893/P.L. 110-351) and its emphasis on promoting permanent families for children through relative guardianship, Illinois revised the program which has become the Kinship Guardianship Assistance Program (KinGap). The key differences between Subsidized Guardianship and KinGap are:

- The relative home must be licensed for six consecutive months before the child goes into KinGap;
- The child needs to have lived in the licensed relative foster home only for six months;
- KinGap is not available for children in non-related foster care placement; and,

Illinois Department of Children and Family Services  
2015-2019 Final Report

- Although not federally reimbursable, Illinois has made the decision to allow guardianship for children 14 years and older with non-kin as a permanency option

Youth in KinGap may continue to receive KinGap services beyond their 18th birthday if the child is:

- Attending high school and will not graduate before their 18th birthday; or
- Has a physical or medical disability that substantially limits one or more of the youth's major life activities.

Effective January 1, 2015, the Children and Family Services Act was amended to expand the definition of "relative" for placement purposes to include fictive kin. Fictive kin are defined as "any individual, unrelated by birth or marriage, who is shown to have close personal or emotional ties with the child or the child's family prior to the child's placement with the individual." 20 ILCS 505/7 DCFS is seeking a statutory amendment that further expands the definition of fictive kin to include current foster parents. This expansion takes into consideration consistent relationships with adults to whom children are attached and who can continue to provide children a permanent home.

In FY 2019, as of 4-19-18, 220 Children/Youth reached permanency via Kin Gap. (124 children are waiting for Court Finalization of Guardianship via Kin Gap, though this number can change weekly, therefore expecting an increase in the 220 children/youth count for the fiscal year.)

### State Funded Guardianship

This state-funded option provides subsidized guardianship for children whom the Department has placement and care responsibility and who meet the special needs criteria as defined in Procedure 302.410 and are not eligible for Title IV-E KinGap. This state funded option is also available for children who "age out" of eligibility for Title IV-E KinGap and continue in school up to the earliest of their nineteenth birthday or graduation from high school, or age 21 when the child meets specific requirements.

Youth in care of the Department who do not qualify for subsidized guardianship under KinGap; but meet the following criteria, qualify for state-funded guardianship:

- the child is 12 years of age or older, and
- the child has lived with an unlicensed relative caregiver or licensed non-relative for a six (6) consecutive month period prior to the establishment of the guardianship
- The child must have received foster care maintenance payments while residing for the six consecutive months in the unlicensed home of relative or licensed non-relative home immediately prior to establishing guardianship, and,
- the prospective non-relative guardian has been a licensed foster parent for the consecutive six (6) month period immediately prior to the establishment of the guardianship

Additionally, it must be decided that return home and adoption are not appropriate permanency options for the child, the child demonstrates a strong attachment to the prospective guardian and the prospective guardian has a strong commitment to caring permanently for the child. The child must be consulted and has agreed to the guardianship arrangement. A younger sibling, who is

placed with the same unlicensed relative or licensed non-relative as the eligible child, also qualifies for the state-funded option of subsidized guardianship when DCFS and the unlicensed relative or licensed non-relative guardian agree that the placement is appropriate.

KinGap and State-Funded Guardianship have provided the Department with various pathways to achieving permanency for youth in care, identifying the permanency that best fits the need of the child and the relationship and connections they have built.

## **Quality Improvement Center for Adoption and Guardianship Support and Preservation**

The National Quality Improvement Center for Adoption and Guardianship (QIC-AG) conducted outreach to a select group of families – those with characteristics known at the time of adoption or guardianship finalization that suggested they might be at an elevated risk for post-permanency instability. A prevention framework required that early outreach occur prior to the onset of significant issues. However, one challenge in prevention research is to understand if those who respond to outreach are those most at risk. This study examined different response patterns of caregivers based upon known characteristics of children and families at the time of permanence. This study focused on data from three sites, in two different states, each with different outreach procedures. Overall results of intervention response and uptake only are presented here.

This study conducted outreach to families (n=1,908) who had adopted or assumed guardianship of children through the foster care system, and whose children, at the time of the outreach, were between the ages of 11 and 16. Outreach was initiated by two parties: 1) agency staff who assessed interest in services and 2) university researchers, who mailed surveys.

This study linked administrative data to agency outreach data and to survey response data. Data was then analyzed to understand if there were systematic differences between: 1) families who responded to either the university or the agency, compared to those who responded to neither, (2) families who responded to the university, but not the agency, and 3) families who spoke with the agency but did not respond to the university. Characteristics in the data included child gender, race, and foster care experiences (number of moves, age at permanence, type of permanence [adoption or guardianship], and length of time in foster care).

Of the 1,908 families, 35% responded to both the agency and the university; 22% to the university only; 19% to the agency only, and 24% to neither form of outreach. In contrasting the 24% who responded to neither with the remainder who responded to at least one form of outreach, families with females (HR=1.34; CI=1.09, 1.66) and kinship caregivers (HR=1.28; CI=1.01, 1.62) were more likely to respond to any outreach. Yet, when the data was subset to examine just those who responded to one group, but not the other, there were no statistically significant differences. However, there was a strong site effect (HR=2.75, CI=1.89, 3.99), suggesting differences across sites.

Illinois focused on children and youth post permanency within Target Group 2. Focus was on adoptive and guardianship families with children aged 12 – 16 as the original targeted population did not get the response needed; Illinois is implementing an intervention in the selective interval. In the previous fiscal year the pre-selected ages for this study was 12-14. However, due to the low number of participants, the number was increased to 16 years of age. Selective prevention interventions target outreach to families with risk factors for post-permanency discontinuity. As part of the intervention with Trauma Affect Regulation: Guide for Education and Therapy (TARGET), staff will work with pre-and young teens to forestall the escalation of moderate risk to

high risk by enhancing and/or increasing their knowledge, attitudes and skills in regulating their emotions, making better decisions and developing healthy relationships.

This study confirmed families' willingness to participate in preventive training that supports stability of their child and family. By arming families with tools/resources from a vetted mental health theory and practice, parents can successfully respond appropriately to behaviors, acknowledge the child's struggle and provide a nurturing safe environment for them.

This project highlighted the need to review DCFS's current Pride Training, to potentially add more trauma-informed information. The length of time commitment to the training also needs to be considered. This may be a factor for why a larger number of participants did not participate.

More importantly, this brought to the forefront DCFS's need to provide messaging which normalizes for families that it is important to seek services at the onset of a minor issue before it becomes a crisis, hinging on the verge of a disruption.

The Children's Bureau provided the National Adoption Competency Mental Health Training Initiative (NTI) training for Child Welfare Workers and Supervisors as well as Mental Health Practitioners. The training intended on providing workers and therapist with researched pertinent information on adoption competent services and needs and ensuring that the most appropriate services are given to the families. It was quickly realized that this training is most appropriate for all families who are working within the child welfare system as well families who have privately adopted. The Child Welfare training was completed with 532 Illinois child welfare staff in December 2017 and the Mental Health portion was completed with 243 mental health providers in September 2018.

Through this training, it was determined that while child welfare staff have a lot of knowledge on trauma, it appears Illinois staff do not necessarily know how to identify adoption competent providers, they have limited understanding of grief and loss and how it effects children and families, and there appears to be a lack of knowledge on race and ethnicity and how this impacts the mental health of a child. This information was found to be a great resource to staff. The Children's Bureau is currently developing an updated version of the training based on responses from the impact study and intends to launch this nationally. Illinois is also reviewing options regarding how to incorporate this new information into the Department's internal learning management system.

## **Populations at Greatest Risk of Maltreatment**

The greatest risk of maltreatment in the 2015-2019 CFSP discussed those youth who are under the age of 5, those youth who remain intact with their families, as well as older youth.

### Services for Children Under the Age of Five

Illinois child welfare has engaged in many activities and programs that strive to reduce the length of time young children remain in foster care without a permanent family.

#### *Educational/Developmental Services*

Education and Development screenings such as the 0-3 Screening is paramount in providing the correct resources to the youth we serve. These assessments assure that the child's developmental and educational needs are being met. This also provides early identification for supportive resources, such are addressed in IFSP (Individual Family Service Plans) or IEP (Individual Educational Plans). Developmental services to children under the age of 5 are described in the discussion of School Readiness Initiative and The Early Childhood Project, under

Illinois Department of Children and Family Services  
2015-2019 Final Report

the heading of Well-Being Services. Please refer to those sections for additional information about developmental services.

*Immersion Sites*

The overarching goal of the Immersion Sites IV-E Waiver Demonstration project was to improve outcomes for children in the legal custody of Illinois' child welfare system. Specifically, by improving the quality of casework and making it easier for caseworkers to engage in high-quality casework, the Immersion Sites were intended to increase the likelihood of permanent exit and decrease time to permanent exit for youth in foster care, without increasing the likelihood of re-entry. See additional information in Chapter 9.

*Model of Supervisory Practice*

The Model of Supervisory Practice requires weekly protected time for individual supervision and monthly group supervision at all levels of direct and non-direct service supervisors. It is during this dedicated time with supervisees that supervisors will focus on ensuring that day-to-day guidance and decision-making are provided related to child safety, permanency, and well-being and that operational outcomes are met. See additional information in Chapter 9.

*Nurturing Parent Program*

There was a plan to begin implementation of NPP across the state, but budget issues and a series of new DCFS Directors inhibited this proposal. As of FY19, there are 7 providers outside of Cook County that provide Nurturing Parenting to families being served through both intact and placement cases. See additional information in Chapter 9.

Populations at Greatest Risk of Maltreatment

*Birth to Three*

IDCFS has begun implementation of "The 4 Disciplines of Execution", also known as 4DX. This process change model is being implemented with the goal of reducing deaths and serious harms for children ages birth to three years who come to the attention of the Illinois Child Welfare System. This model was introduced at a Birth to Three Working Conference in December of 2017. Some DCFS front line teams implemented the model in 2018 and the goal is to expand the model to some private agency teams in 2019 and beyond. Teams using the model identify measurable behavior changes that can impact the identified goal. Weekly cadence meetings are held for individual members of the teams to report on their commitments from the prior week and to make new commitments for the coming week. The actions taken by team members are tracked and recorded on "scorecards." The objective is to have an impact over time on decreasing birth to three deaths and serious harms for children in our system.

*Statewide Human Trafficking Coordinator*

DCFS's response to Human Trafficking over the past 5 years has involved developing indicators on various forms so that these youth can be identified. Operating procedures for case managers and child protection staff have been added to each of these documents, so that staff can appropriately respond, and services to address the particular needs of these children and youth have been sought and developed. For further information on DCFS's Human Tracking Program, see Chapter 4.

### *Therapeutic foster care*

As part of a court ordered statute, the Department was set to create a Multi-Dimensional treatment foster care. This was set to be a 5-year pilot program for Treatment Foster Care:

1. for children entering care with severe trauma histories with the goal of returning home or maintaining the child in foster care instead of placing the child in congregate care or a more restrictive environment,
2. for children who require placement in foster care when they are ready for discharge from a residential treatment facility, and
3. for children who are identified for residential or group home care and who, based in determination made by the Department, could be placed in a foster home if higher level interventions are provided.

Treatment Foster Care is provided by evidenced-based models that provide a community-based service met through treatment in a trained foster home as an alternative to residential and other forms of congregate care. The Department works with Chapin Hall, through the University of Illinois, to evaluate the treatment pilot program to determine whether it is meeting the goal of the court decree. At the end of the 5-year pilot program, the Department shall submit a report to the General Assembly with its findings of the evaluation. The report shall state whether the Department intends to continue the pilot program and the rationale for its decision.

The agencies that are currently contracted with the Department are Lutheran Social Services, Inc, (LSSI) and Children's Home and Aid Association (CHASI). LSSI follows the Therapeutic Foster Care Model of Oregon (TFCO) that was developed in the early 1980's an alternate to Congregate Care. TFCO is a carefully selected, highly monitored and trained team including the Professionally Trained Foster Parent. The model was created for youth with emotional and behavioral treatment needs. Youth served in TFCO reside in the treatment home for 6-9 months and then transition to a step-down home. LSSI's program works with youth who originate from Cook County and the Northern Region. Currently the Chicago team has 12 youth in placement, the Aurora team has 8 youth in placement and Rockford has 7 youth in placement.

CHASI follows a similar model that provides case management with evidenced-based clinical services to support stability, establish healthy connections and facilitate permanency. The program includes intensive training and support for caregivers via TCI-F (Therapeutic Intervention- Family), an evidenced-informed foster parent training and support model which teaches crisis prevention and de-escalation techniques for home of relatives/ fictive kin who are fostering youth in their home. This program only works with youth in Cook County. CHASI has 8 youth in placement.

### Services for Children Adopted from other countries

There is no differential in the service availability or delivery that is provided to post adoption youth who were adopted from IDCFS versus that of children who are adopted from other countries. These services are provided by the Post Adoption unit via contract for services.

## **Strengths and Challenges of Permanency Services**

### Challenges to Permanency

There continue to be challenges to permanency for youth in Illinois; however, DCFS has continued efforts to combat the identified issues surrounding youth in care gaining timely appropriate permanency. Some of the challenges have included change in Directors and executive leadership, a state budget impasse, increasing staff turnover, and a culture that is predominantly “risk averse.”

With regard to the “risk averse” culture of the child welfare system in Illinois, the culture needs to shift to one of thoughtful reflection on what can be learned to improve the system moving forward. This includes the court system, which is often reluctant to follow DCFS/POS recommendations regarding cases.

### Permanency Strengths

DCFS Permanency administration, along with the training division, revised and implemented new policy through Procedure 315-Permanency Planning during this reporting period. The training focused on addressing permanency from the inception of the case. Initially we seek to keep children in their home of origin while providing the family services through either community referrals or intact family services to address the risk or mitigate safety factors. Additionally, the training focused on the collaboration between foster parents, birth parents and the child and family team. This team approach provides transparency and defines the role of each team member on the journey toward permanency.

Illinois legislation has provided changes in Fictive Kin laws which allows for Illinois child welfare to utilize placement resources who may not have a blood connection, but still hold an important connection to the child and family. The change in legislation also allows for foster parents to be noted as fictive kin if a sufficient attachment and connection has developed between the youth and caregiver after the proscribed timeframe of placement. This change allows for a larger group of children to meet criteria for subsidized guardianship as a permanency option under Illinois law.

Fostering Connections is a program targeted to assist older youth in gaining permanency. It allows for an extension of time that the adoption/guardianship subsidy can be provided to those youth who are older at the time of finalization.

The Permanency Achievement Specialists (PAS) provide a wide variety of assistance both technical and hands-on to cases that have been noted to languish or have identified barriers towards permanency. The role of the PAS worker is defined only in how they are to assist with permanency; therefore, their roles are often fluid and can be task-oriented to help break down barriers that keep youth from gaining permanency.

Life books are available for youth in care to keep a tangible record of the time they spend away from the family. This allows a child to tell their own story. It is not only a record but allows them to be engaged in their own time spent in care and what they feel is important. The Lifebook is a document that helps provide a smooth bridge to permanency whether that is reunification or adoption/guardianship.

Legislation was passed to strengthen and reinforce the rights of incarcerated parents who have children involved in the child welfare system. Amendments were made to the Children and Family Services Act, effective 1/1/2016, that improved engagement of and advocacy for incarcerated

Illinois Department of Children and Family Services  
2015-2019 Final Report

parents will allow these parents to better maintain connections with their children and increase the likelihood of reunification for these families upon release of the incarcerated parent. Research has shown that when children and their incarcerated parents maintain regular visitation, the children have better emotional and behavioral stability, the incarcerated parent has better emotional and behavioral stability, and recidivism rates for the parent decrease.

In May of 2018 Procedures were updated to include the Adoption Timeline, which provides the steps that are needed to complete an adoption or guardianship, and how long each step should take to complete. This process should help decrease the time in which permanency can be secured for a child.

Training that are being implemented for direct service staff include the Model of Supervisory Practice (MoSP) and the Child and Family Team Meeting (CFTM) trainings, both of which are expected to improve family engagement, support of workers, and ultimately, improve the timeliness of permanencies. All supervisors of direct service staff are required to participate in the MoSP training, which is intended to strengthen the role of supervisors and includes one-on-one coaching along with the classroom/on-line training.

Child and Family Team Meeting training has also been provided to DCFS and private agency staff in the identified Immersion Sites. This training has a model of “see one, do one” that requires staff to observe a certified facilitator conducting Child and Family Team Meetings before the staff then facilitates such meetings. There is a strong coaching component to the model and a training of trainers to allow Illinois to maintain the model over time by being able to train new staff in the model internally. The Child and Family Team Meeting model is evidence-based and has shown to improve family engagement in service planning.

## **Sub-Chapter 4C – Well-Being Services**

The Department is committed to insuring that children under state care achieve their potential, and in order to do this, children need access to 1) quality education programs; 2) medical services; and 3) mental health services. In this section, DCFS will address these three service areas that help assure children's well-being.

### **Office of Education and Transition Services**

#### **School Readiness Program**

The mission of the Statewide School Readiness Team is to ensure all children ages 3-5 have access to high quality early childhood care and education programs, that parenting teens (youth in care of the state with children in their custody) have resources available that will support young parents and provide evaluation/resources and education to young children. School readiness staff provide accurate listings of available resources for intact families, when requested by a caseworker or for support to DCP workers when protective custody is being considered.

- School readiness staff continued to develop services and resources for inclusion in the statewide database; developed and implemented cross-training on matters related to education
- School Readiness staff continued to implement the statewide IDCFS/Head Start/Early Head Start Intergovernmental Agreement; facilitated and coordinated quarterly partner meetings to develop and implement goals within the statewide agreement
- Actively participated in sub-committees of the Early Learning Council to discuss issues and challenges encountered during the year and advocated for changes to policies both at the state and federal level.

School readiness staff statewide receive a monthly tickler from OITS that identifies all children ages 3-5, and if documented in SACWIS, the enrollment status/information for each child aged three to five. If information is missing, the school readiness team member assigned sends requests to the caseworker for school updates. If there is no response the school readiness staff sends additional requests to the caseworker and then to the foster parents and continues until the school information is received.

If the information is received the school readiness staff will enter the information so the documentation is noted on future ticklers. If the child is not enrolled the school readiness staff will search programs in the area, contact the program to ascertain if there are openings in the program, and send notice to the caseworker listing all contact information.

School readiness staff receive administrative case review feedback on children that are not enrolled in a program. The process for the team is the same as above, contact programs near the placement area of the child, and if a program is located will send all contact information to the caseworker, if the foster parent needs assistance with the enrollment application the school readiness staff will assist.

## **Medical Health Services**

See the Healthcare Oversight and Coordination Plan – Appendix C

## **Mental/Behavioral Health Services**

### **Office of Clinical and Child Services**

Staffing for the Clinical Division has remained consistent over the past five years, with only one Regional Manager position being added in the Cook Region. Over the past five years, the Regional Clinical Units have seen a higher rate of turnover than historical numbers.

The Clinical Division continues to work collaboratively with Operations, Licensing and Resource Development on the development of new resources for youth with significant behavioral, mental health and developmental needs. The loss of almost 500 residential beds over the last five years for this population has significantly impacted the rates of youth going Beyond Medical Necessity (BMN) in psychiatric hospitals. The goal of reducing the number of BMN youth was not achieved and continues to be a complex issue being addressed. In the first three quarters of FY19, forty-eight percent of the Clinical staffings and consultations completed by the Regional Clinical Units was with youth who are psychiatrically hospitalized. This population has consistently been between 40-45% of Regional Clinical work over the past five years, with a slight spike in FY19. There has been enhanced data collection through the enhancements in the Psychiatric Hospitalization Tracking Database and Quality Improvement activities that have helped support work with this population. The Clinical Division has partnered with our Integrated Assessment and Psychology partners, along with Clinical facilitators through CIPP to not only have all staff meetings with these youth, but also to ensure that there is follow up to support their treatment, placement and stabilization needs. A strong focus has been put on those youth who are 12 years of age and younger who are psychiatrically hospitalized.

The Clinical Division will be implementing the inclusion of all Regional Clinical functions, except for staffing youth who are psychiatrically hospitalized, in the four Immersion Sites and expanded Immersion Site in Southern Region on May 1, 2019.

The Regional Clinical Units have continued to support Human Trafficking Specialists in working with our youth who have been trafficked and who are at risk of trafficking.

The Regional Clinical Units also completed two focused reviews of youth in residential care over the past two years, focusing on those youth in need of a step down to less restrictive level of care. There was a very specific focus on the FY19 review on youth who were targeted for reunification with a biological parent or placement with a relative or fictive kin. The goal of these reviews was to identify any barriers to the youth's discharge and support the Child and Family Team in the placement and needed service linkages to support a successful stepdown.

The Clinical Division continues to support Post Adoption Units through the staffing of youth adopted through DCFS who are at risk of disrupting from their adoptive home. There has been a reduced number of post adoption youth utilizing residential care over the past three years, with an increased number of youth being served through partner agency, CYFS. While work with our partner agency has been more collaborative with post adoption youth, this has not been the case for youth who are being locked out from psychiatric hospitalizations and detention facilities.

The Regional Clinical Unit, along with the entire Clinical Division, has streamlined the referral process through use of condensed referral and logging process, along with the use of electronic

signatures. The Clinical Division is awaiting the finalization of a single source referral process for all Clinical referrals.

## **Developmental Disabilities and Deaf/Hard of Hearing Programs**

The Developmental Disabilities and Deaf/Hard of Hearing Programs were established to coordinate a consistent, organized and effective statewide DCFS response to the special needs of the child welfare population. Within the past five years for the Developmental Disabilities Program:

- A new Statewide Intellectual/Developmental Disabilities Administrator and Coordinator were hired.
- Work was done with the Division of Innovation & Technology (DoIT) to identify youth who are 17.5 with a disability to create a monthly report. This report has been beneficial in initiating the transition to adult services process for these youths so that eligibility can be determined.
- There was also outreach to the DoIT to create a separate report for youth with a disability turning 15.5. This additional report would allow outreach to this population for placement on the Prioritization of Urgency of Need for Services (PUNS) with DHS; this report is in progress.
- A continued goal for the Developmental Disabilities Program is for the new Statewide Intellectual/Developmental Disabilities Administrator and Coordinator to partner with additional community resources throughout the state, to support youth with Autism.
- There was a change in the contractual provider responsible for identifying youth in care who may be eligible for social security benefits. The ID/DD program connected with Sequoia Consulting Group and DCFS consulting psychologist to work together to help ensure youth who are 17.5 years of age and older are referred for Pre-Admission Screenings for adult services and that benefit applications are completed.
- The partnership with the DHS/DD team continued in order to support transition-age youth and identify supports for youth who encountered barriers to placement.
- The Interagency Agreement between DCFS, DHS, and OSG (Office of the State Guardian) is in process of being updated and will soon be forwarded to DHS and OSG for their review.
- DCFS Procedure, P. 302, Appendix N is in the final stage of revision. This policy updates and clarifies for the field steps needed to transition youth in care to adult services for developmental disabilities. It also provides instructions regarding requesting an adult guardian for youth in care.
- The Department's contractual transition specialist for Transition to Adult Services for Individuals in DCFS Care with Intellectual Disabilities initiated regional trainings, which is ongoing to support the field.

The Statewide Deaf/Hard of Hearing and Blind Coordinator has continued to work to enhance the supports provided to the Deaf/Hard of Hearing and Blind community. This includes addressing barriers that may exist so that this population can function at their full potential. The information to the field is updated for accuracy on the Department's DNET page. The field is made aware of trainings available, such as Bridging Language Barriers. The Coordinator has been working with Office of Child and Family Policy to incorporate Blind services into policy.

## **Domestic Violence Intervention Program**

The Domestic Violence Intervention Program (DVIP) is a statewide Specialty Services Program within the Division of Clinical Practice. The general activities of the DVIP are case identification, assessment, consultation, resource networking, policy development, and training to support direct service staff around the complexity of cases involving domestic violence.

Notably, through the first three quarters of FY 19, just two program staff – the Statewide DVIP Administrator and Northern Region Clinical Domestic Violence Specialist – were able to successfully and productively achieve the below-listed accomplishments. This is especially remarkable given the statewide reach of the DVIP, and the volume of referrals received.

### FY 19 Accomplishments from July 1, 2018 to April 16, 2019:

- Clinical Consultations Provided to the Field (to include Clinical Staffings, Child and Family Team Meetings and Clinical Intervention for Placement Preservation): 681
- Trainings Provided to the Field: 4
- Training Attendees: 82
- The DVIP participated in the Early Childhood Court Implementation Committee for the Cook Region, and provided expertise and consultation on domestic violence.
- The DVIP participated in DV Stakeholder Committee meetings at DV courthouses in the Cook Region, under the leadership of the Presiding Judge Sebastian Patti, and the Family Court Enhancement Project team meetings.
- The DVIP provided technical support and consultation to the Domestic Violence Mental Health Policy Initiative in the development and training of child welfare and domestic violence curriculum to POS agency staff in the Cook Region.
- As Co-Project Manager (along with the Lake County Immersion Site Director) the DVIP Administrator provided leadership, technical assistance, expertise, and program plan for the DV Co-Location Program (DVCLP) in Lake County (Northern Region). The DVCLP is a pilot program, which is being launched through a five-year grant from the Quality Improvement Center on Domestic Violence and Child Welfare, and Futures Without Violence. This grant provides DCFS with an opportunity to partner with community based domestic violence service providers, who would hire a Co-Located Domestic Violence Advocate (CLDVA). The CLDVA would work alongside child protection staff in the Waukegan (Lake County) and Rockford (Winnebago County) DCFS offices, to provide support and technical assistance for reports and cases involving domestic violence, and guidance interviewing.
- The DVIP continued participation and involvement with the Partner Abuse Services Committee (PASC) with the Illinois Department of Human Services. This Committee examines statewide Partner Abuse Intervention Programs, monitoring compliance and addressing training needs.
- The DVIP continued involvement with the Lake County Stakeholders Committee (Vernon Hills), providing resource information, expertise and technical support to attendees.
- The DVIP collaborated with Teen Parenting Services Network (TPSN) to update the curriculum for and co-facilitate training for TPSN staff on Domestic Violence and Teen

Illinois Department of Children and Family Services  
2015-2019 Final Report

Dating Violence. The DVIP will co-facilitate the next training in the Cook Region in May 2019.

- The DVIP collaborated with the Division of Contract Management to address ongoing issues regarding payment for DV perpetrator services, discuss the need and appropriateness of contracts with Partner Abuse Intervention Programs.
- The DVIP continued participation in the Kane County Action Team (Northern Region) which focuses on reducing the number of children and youth in DCFS care, length of care and domestic violence in the community. The DVIP's involvement in this Team is to provide expertise and technical support in developing trainings on domestic violence.
- The DVIP provided in-person training and education to Lake County CASA and Lake County NiCASA in the Northern Region; and to the 40-hour Domestic Violence Training class with the YWCA Evanston DV Shelter in the Cook Region. These trainings included education on, but not limited to, DCFS policies and procedures for domestic violence, the impact of exposure to violence on children, dynamics of power and control, services for survivors and perpetrators, and legal remedies.
- The DVIP team continued to enhance education, knowledge and skills, by attending continuing education conferences/trainings throughout the year on various topics to include, but not limited to: domestic violence, child welfare, substance abuse, grief and mourning after suicide and attempted suicide, child sexual abuse, sexual harassment, strangulation, social work and child welfare ethics, cyber-security, school support for youth in DCFS care, sex-offender registry, vicarious trauma, autism, and confidentiality/HIPPA.
- As of July 2018, DVIP staff work under contract with the Center for the Study of Family Violence and Sexual Assault, with Northern Illinois University. During FY 18, the DVIP Administrator worked under contract with the University of Illinois Urbana Champaign, and the Northern Region Clinical Domestic Violence Specialist worked as an Independent Contractor.
- As of April 1, 2019, the DVIP hired a new Cook Region Clinical Domestic Violence Specialist, to work under NIU contract. Additionally, an offer was made to a candidate for the Central Region Clinical Domestic Violence Specialist, pending background checks.

## **LGBTQI Program**

The Lesbian, Gay, Bisexual, Transgender, Questioning, Intersex Youth/Families program serves as a support for LGBTQI youth, families and caregivers involved with the Department. The program title was expanded to convey that support and education may be offered by the Program Specialist at any point in a family's contact with DCFS. Intersex youth and caregivers are also served and supported. Over the past five years, there has been focus on outreach to LGBTQI youth, expansion of resources and LGBTQI competent providers for youth, and promoting affirming placements and care for LGBTQI youth. An average of 80-90 referrals per year are received by the program. It is recognized that while referrals may be submitted regarding youth who are LGBT or questioning, it is an under-representation of the number of youths in care who identify as LGBTQI+.

The former Program Coordinator retired in September 2017. During that time, referrals and requests for training/education were managed by the Associate Deputy of Behavioral Health and a DCFS contractual psychologist. A new Program Specialist was hired in September 2018.

Illinois Department of Children and Family Services  
2015-2019 Final Report

Overview of Accomplishments 2015-2019:

- Procedure updates (P. 302, Appendix K) to reflect clearer anti-discrimination language for youth in care and enhance best practice guide points for serving youth in care who are transgender;
- Two stand-alone LGBTQ foster family recruitment events (2016 and 2018) as well as creating greater effort within all recruitment events to reach LGBTQ families and confirm LGBTQ affirming placements;
- The Associate Deputy of Behavioral Health served as a panelist for the Children's Bureau webinar "Best Practices for Working with LGBTQ Youth in Foster Care" in May 2015;
- LGBTQI youth rights posters and palm cards were created for dissemination;
- Youth video stories were created and used for recruitment of foster parents as well as training staff;
- Partnerships with Lurie Children's Hospital Gender and Sex Development Program as well as St. Louis Children's Hospital's Gender Development Program provided additional opportunities to serve transgender youth;
- DCFS and Lurie Children's Hospital partnered regarding a research study focusing LGBTQI youth in care experiences. This study will inform and change practice and interventions involving LGBTQI youth in substitute care;
- The Program Specialist is continuing to build a resource bank of LGBTQI-competent behavioral health providers located throughout the state. While the internal "credentialing process" for has not fully launched, the current Specialist will start the work by visiting each congregate care facility contracting with DCFS;
- The Program Specialist and Associate Deputy are continuing to meet with the LGBTQ Roundtable to discuss issues impacting youth in care;
- Ongoing, by request, in-person trainings and learning opportunities are provided by the Program Specialist and Associate Deputy;
- The Program Specialist was a cross-discipline panelist at the "Providing Hope and Healing: LGBTQ+ Youth and Initiating Change within Systems" summit in April 2019;
- The Program Specialist and Associate Deputy are leading a group focused on the revision of the non-discrimination rule for child welfare practice;
- The Associate Deputy and Program Specialist linked with the Human Rights Campaign All Children-All Families program to work on certification of LGBTQ service competency. This work began in 2018 and is continuing.

The Rainbow Youth Committee is in hiatus at this time, but will be re-formed and revitalized in FY20. The internal LGBTQ Employee Advisory Committee as well as an LGBTQ Youth Advisory Committee creation are active requests and will be pursued in the next fiscal year.

## HIV/AIDS Program

The HIV/AIDS Program now operates with one Specialist; referrals regarding children and families managing the virus have decreased significantly. This is most likely due to the reformation of child welfare practice regarding individuals who have the virus as well as more readily available medical and behavioral health supports throughout the state for those who need treatment.

The Department contracts with one HIV service program (Hektoen – Core Center) and the Specialist is focused on creating a plan to educate youth in care regarding their health as it involves HIV and STIs. The Specialist is still the primary consultant for HIV/AIDS, but works with the DCFS Medical Director as well as the Chief Nurse and the nursing team regarding high-needs youths, both with Intact families and youth in care. For Illinois child welfare, safe and healthy relationships and sexuality are a priority for our youth.

## Integrated Assessment

Each child coming into care is provided with a comprehensive clinical assessment. The Integrated Assessment (IA) is designed to look at the medical, social, developmental, behavioral, emotional, and educational domains of the child and of the adults who figure prominently in the child's life, to include non-custodial fathers, putative fathers and paramours. Child welfare caseworkers and licensed clinicians use a dual-professional model to interview the children and adults, gather and review all investigation screenings, past provider assessments, background reports, treatment and school records, and other pertinent case documentation. In addition, the developmental needs of children birth to age 6 are assessed by the licensed clinician to ensure timely developmental assessment and service linkage. The IA takes into consideration the experiences of childhood trauma for both children and adults. This information is then integrated into a report that provides an understanding of individuals' histories, family dynamics, strengths, support systems, and service needs for each child and adult.

### Task/Goals/Outcomes

- Early Childhood involvement, which will continue
  - Illinois Birth to 3 – With the IB-3 waiver ending in October 2019 IA will continue the use of the additional tools and screening/referral form for cases. Have requested to discontinue the Parenting Symptom Inventory due to the following: offers minimal clinical value to intervention determinations, is often poorly received by the families, and the high cost.
  - Screening tools: continue to use the Devereaux Early Childhood Assessment and Infant Toddler Symptom Checklist statewide.
  - Extended IA involvement with Early Childhood Court Team cases and complete identified screening materials and provide clinical consultation to POS/DCFS case workers for youth and families assessed.
- Immersion Site Expansion;
  - Continue extended IA involvement in the 4 Immersion Sites (Lake County, St. Clair County, Mt. Vernon and surrounding counties and Rock Island and surrounding counties), the use of the Social Difficulties Questionnaire (SDQ)

Illinois Department of Children and Family Services  
2015-2019 Final Report

and Social Network Questionnaire (SNQ) as well-being measures to supplement CANS data obtained from the IA screener initial CANS completion

- The expanded IA Program, the assigned IA screener will remain an active member of the Child and Family Team Member (CFTM) for a minimum of 6 months from the date of case opening. The IA screener will not only be responsible for the completion of the initial IA assessment, participation in the 14-Day CFTM and 40-Day CFTM, but will also be responsible for the assessment of any new case members or case members who become available after the initial assessment during this 6-month period. In addition, the IA screener is also available for ongoing clinical consultation during this period.
- CANS:
  - IA has implemented the use of Child and Adolescent Needs and Strengths (CANS) 2.0 by all IA screeners in SACWIS. This included recertification and training process completion.
  - To support CANS validation and interrelated reliability in conjunction with work being done with POS/DCFS case workers and supervisors by Training and Professional Development Division meaningful use of CANS
  - IM-CANS – will need to have all screeners trained and recertified once a plan is developed for DCFS.
- Specialized Assessments (egregious acts of abuse cases)
  - Training was completed in Northern and Central regions for specialized assessment (previously all only Cook and Southern staff were trained). Continue work to clarify which cases should receive the Specialized Clinical IA. Once further defined, updated training will be provided.
  - Provided enhanced assessments of caregivers who engage in egregious acts of abuse that may require an alternative permanency goal other than return home and to integrate additional screening tools and actuarial assessments into the assessment process. These include, but are not limited to, Child Abuse Potential Inventory, HCR-20, Empathy Scales and Narcissism Scale
- Quality Improvement
  - Continuing to make changes to the IA template to achieve goals of streamlining information contained in the report and reducing redundancy and duplication.
  - To continue to work with partners in ACR and Quality Improvement to look at outcomes around timely implementation of assessment recommendations, assessment prognosis and permanency achievement
  - Continue to provide high quality and timely child and family assessments with focus on service needs and clear information on outcomes necessary to support reunification or alternative permanency planning.
  - Continue reinforce the dual professional model of the child welfare caseworkers and licensed clinicians completing the interviews.
- Expansion of IA screener duties
  - IA screener involvement in Priority Clinical Staffings for youth who are psychiatrically hospitalized, in shelter placement or detention facility. There is also a goal to expand clinical staffing involvement in other clinical staffings utilizing the multi-disciplinary model.

Illinois Department of Children and Family Services  
2015-2019 Final Report

- Ability for IA program to approve referrals for further assessment by a psychologist. This provides a more timely referral for the family by eliminating another process for the field.

Assessment demographics (7/1/14-4/15/19):

- Birth to 3 years of age: 7637
- 3 years to 6 years of age: 2883
- 6 years to 13: 4646
- 13 and older: 3119

Volume (FY 19 data is below due to it not representing a full year)

IA total number of children by fiscal year	FY15	FY16	FY17	FY18
Cook	1316	1331	903	1090
Northern	687	486	619	636
Central	1151	1162	1336	1478
Southern	580	590	780	948
<b>Total</b>	<b>3735</b>	<b>3569</b>	<b>3634</b>	<b>4155</b>

Increase in cases statewide 14% FY17 to FY18; if you compare difference from FY10 to FY18 there has been a 31% in cases

IA total number of children by fiscal year	FY19 through 4/15/19
Cook	950
Northern	415
Central	1136
Southern	827
<b>Total</b>	<b>3328</b>

Comparing totals for the same timeframe in the previous year it is predicted that FY19 will be similar to FY18 total.

## Psychiatric Hospitalization Project

Among the various duties of staff in the Psychiatric Hospital Project, are the Hospital Liaisons who meet with youth in hospitals, and coordinate with hospital personnel to ensure that youth in care are receiving services to alleviate their need for hospitalization. As hospitals strive to train staff to practice trauma-informed care, many hospitals are finding greater success in group treatment that identify triggers to a mental health crisis. Group programming provides psychoeducational information to the youth. All hospitals have multiple daily therapist check-ins with youth that require 1:1 care, and support and schedule individual sessions when needed. Many hospitals provide extensive expressive therapies, and offer pet therapy as well as art therapy, which can be tailored to individual needs.

These therapies are among the information that hopes to be tracked in the new Psychiatric Hospital database (PHT). The development of the Psychiatric Hospital database has allowed the

Illinois Department of Children and Family Services  
2015-2019 Final Report

Department to track every youth in care who is admitted to the hospital. Information that is readily retrievable includes: identification info, reason for admission, discharge plan, and track youth that are hospitalized Beyond Medical Necessity (BMN). Functionality is a continuing improvement endeavor with the PHT, and planned enhancements will include the ability to attach discharge summaries, evaluations, and assessments directly to the hospital episode.

A Report to the Guardian is a report that is generated from the PHT to comply with the Juvenile Court Act. The report is completed on each youth that is BMN and is provided to the court. The report explains the steps the agency is taking to ensure the minor is placed appropriately, if a future placement has been identified by the Department, and addresses why the anticipated placement is appropriate for the needs of the minor as well as the anticipated placement date. This information has been helpful and has ensured that the goals of family finding and keeping families together remain paramount.

Court interaction has also highlighted the shortage of resources in our State. The data retrieved from the PHT allows analysis that impacts decision making, as trends can be easily identified and service needs can be determined for our youth in care. There are continued struggles with appropriate services for youth that have neurodevelopmental disorders, youth that have been engaged in human trafficking, and youth that exhibit non-suicidal self-injury (NSSI).

Current utilization trends continue to suggest patterns of high rates of hospital utilization. In the first three-quarters of this fiscal year 1357 youth have been admitted to the hospital versus 1452 admissions for the first three-quarters of last year. This represents a 6.5% decrease from last year. The focus of the data analytics since 2017 have included the following:

1. Decreasing the average number of days a youth remains hospitalized BMN:

The length of stay (LOS) for youth that are BMN was 59.4 days in 2017, increased to 73.5 days in 2018, and decreased to 71.4 days in 2019. The length of stay has decreased 3% from last year for youth that are BMN. The LOS for youth not BMN was 14.0 days in 2017, 14.3 days in 2018, and increased to 15.5 days in 2019 as of this writing. This represents an increase of 8%. It is believed that this increase is a direct reflection of the lack of available resources in the State of Illinois.

2. Reducing the number of youth aged 12 and under who are readmitted to the hospital within 90 days of discharge:

In 2017, 269 youth under the age of 12 were readmitted within 6 months. In 2018 there were 270 total readmissions of youth under the age of 12. However, in 2019 to date there were only 166 readmissions which represent a 15% decrease from the previous years on average. This indicates that efforts put in place to review this age group at designated intervals has likely helped to reduce recidivism.

3. Reduction in subsequent hospital utilization (to decrease recidivism, decrease LOS, and increase the days between admissions):

As the above numbers indicate, progress has been made in reducing readmissions for all youth within 6 months of discharge. In 2017 there were 956 youth readmissions, in 2018 there were 894 readmissions, and in 2019 to date there have been 629 readmissions. This represents a 13% reduction in youth readmissions for all youth.

Areas requiring improvement:

- 1) Improvement in timeliness and adequacy of post discharge services - The discharge/linkage staffing prior to a youth's discharge requires improvement. The

Illinois Department of Children and Family Services  
2015-2019 Final Report

staffings should be multidisciplinary so there a wider base of support for the youth, and a stronger assurance of continuity of care.

- 2) With the lack of resources, a major difficulty in identifying additional hospital programming is the absence of an identified discharge placement for many of our youth. The lack of a discharge placement directly contributes to youth becoming BMN while hospitalized. Most hospital programming is planned for a 7-10-day duration. Already, LOS for all non-BMN youth has averaged 15.5 days in 2019.

The Psychiatric Hospital Data base has allowed us to make decisions based on data. Having accurate information on the youth who are admitted to the hospital, the presenting problem at admission, what the length of stay is and what the recommendation is for discharge all help in efforts to make improvements. The Medicaid Denial date is still tracked and entered into the PHT. Enhancements in the functionality of the PHT will inform our practice as the Project moves forward.

## **Psychology Services**

Consultations: The Clinical Division's Psychology & Psychiatry Program's Consulting Psychologists are Licensed Clinical Psychologists with extensive Child Welfare experience and trauma training who provide consultative support to caseworkers and supervisors, as well as other entities interfacing with the Department concerning best practice mental health, and assisting in facilitating and monitoring evidence-based programs of treatment. The Program provides support surrounding assessments, treatment needs and placement decisions of youth in care and their family members by providing one-on-one consultation and, as needed, an on-site presence. The Consultants provide clinical input in staffings from a psychological perspective to assist with treatment and placement decisions for children age 12 and under discharged from psychiatric hospitals, during Child & Family Team Meetings (CFTM), Clinical Staffings, and Clinical Intervention for Placement Preservation (CIPP) Staffings. They provide clinical input for high-profile case review for QI and complete urgent assessments of youth referred for secure care facilities in other states; provide immediate response for crisis and urgent situations within the Department and POS agencies; and respond to concerning situations in residential facilities. The Consultants participate in various Departmental workgroups; participate in gate keeping services for program specialty therapy contracts; liaison with other programs within the division; and provide regionally-based presentations that may be required to advance the knowledge and skill base of existing staff, new hires, supervisors, foster parents, and birth parents. The Program completes approximately 2,700 testing referrals, 1,200 consultations, and 1,200 meetings, staffings, and presentations annually.

Testing Referrals: Many youth and their families are referred for Psychological and Neuropsychological Evaluations, Parenting Capacity Assessments, and Parenting Assessment Team (PAT) Evaluations. The PAT Program evaluates the parenting capabilities of mentally ill parents who are alleged perpetrators of child abuse or neglect in answering questions related to child permanency and placement as well as questions related to needed treatment services for parent and child. The Consulting Psychologists provide reviews of these referrals to assure that the evaluations are necessary and appropriate, and that the appropriate referral questions are asked. The Program manages the application and credentialing process for approximately 130 approved providers, and maintain files on license and malpractice updates.

Illinois Department of Children and Family Services  
2015-2019 Final Report

Attained Goals:

- Continued to provide consultative support, attended staffings, and provided high quality review of testing requests.
- Started a new process of providing feedback to caseworkers to assist them in the use and interpretation of psychological and psychiatric reports.
- Implemented a 5% increase in the testing payment rate to bring the Department slightly closer to industry standards. There was also an approval to adjust the testing age groups to increase the pool of approved providers for the lower age range.
- Testing providers now utilize the state encryption email program to receive the testing reports from providers. This allows for e-filing the reports as well as reducing expense to the providers for printing and mailing.
- Updated the data recording and tracking logs, consultation reports, testing referrals, and the testing reports as of January 2018 are now in the Clinical E-file system and the entire Clinical Division can access this information.
- Three psychologists completed Bruce Perry's Child Trauma Academy Phase I Neurosequential Model of Therapeutics (NMT) Training, and two are currently participating in the Phase II Train the Trainer Training. The Neurosequential Model of Therapeutics is now utilized to complete Neurosequential Brain Maps of youth with complex trauma that have not responded to prior interventions.

Continued Goals:

- Develop a pilot program, Creating Resiliency, to address the inevitable impact of secondary traumatic stress (STS) on professionals who work within the child welfare system. The ultimate goal is to improve outcomes for youth and families by reducing turnover and improving job performance. This program will include instruction and follow up on Reflective Consultation for Supervisors as well as staff presentations.
- Restructure the testing payment rate in order to have a focused Psychological Evaluation and a comprehensive Psychological Evaluation. This more equitable system should result in a savings to the Department. Also, to continue discussion as to how Psychological Evaluation providers can provide service in a manner which would allow for Medicaid reimbursement.
- Bruce Perry's Child Trauma Academy Phase I Neurosequential Model of Therapeutics (NMT) Training Developing guidelines as to which youth would benefit from this service and a referral and tracking process for the program.
- In order to increase visibility and referrals, two brochures are in development: a brochure of the services provided by the Psychology & Psychiatry Program and another of the Clinical Division. These brochures will detail the many ways these programs are available to provide support and service to the Department, POS agencies, and involved families, as well as information on how to access the services and the documentation needed.

## **Psychiatric Services**

Continuity of Care Center (CCC): The Continuity of Care Center (CCC) provides outpatient psychiatric services for youth in care beginning with the initial need for service. Medicaid is billed for direct professional psychiatric services for medication administration and medication management. By combining therapy within the same location, the goal is to reduce the need for psychiatric hospitalization resulting from a lack of needed care and to assure a connection between placements and treatment facilities; and case managers provide care coordination for

Illinois Department of Children and Family Services  
2015-2019 Final Report

the high-need children and youth that require medication and therapy services. There are currently three CCCs operating in Cook County at full or near full capacity of 30 clients each.

Attained Goals:

- Procedure 325.40, Medication Approval Standards Consent for Administration of Psychotropic Medications to Children Age 5 Years or Under, has been updated. These procedures clarify the guidelines used to determine consent for the administration of psychotropic medication to children in DCFS custody or guardianship who are age 5 years or younger. Except in rare instances, psychotherapy will be the first line of treatment.
- The Guidelines for Prescribing Psychotropic Medication to Preschool Age Children (3-5 Years Old) have distributed to all psychiatrist and pediatricians statewide through the publications of the Illinois Chapter, the American Academy of Pediatrics (ICAAP) and the Illinois Council of the American Academy of Child and Adolescent Psychiatry (ICCAP) in both print and electronic form.

Continued Goals:

- Together with UIC Department of Psychiatry, the Clinical Services in Psychopharmacology Program, the training webinar: Procedure for Consent of Psychotropic Meds for Youth in Care Ages 5 & Under, for casework staff has been completed and is awaiting the final signature to be released.
- Together with UIC Department of Psychiatry, the Clinical Services in Psychopharmacology Program, we will continue to develop a second training webinar: Psychotropic Medications for Youth in Care. This webinar will provide definitions of childhood diagnoses, first, second, and third lines of treatment, and information on medication management.
- Plans are being made to identify additional locations for CCCs in the Northern and Southern regions.

## **Title IV-B Subpart 1 and 2 Services**

### **Title IV-B – Federal Fiscal Year (FFY) 2018; First Half of FFY 2019**

**Title IV-B, Subpart 1 Services:** The Department provides child welfare case management services to open child and family cases where the child is the subject of a founded (indicated) abuse and/or neglect allegation. Title IV-B, subpart 1 funds are used to fund eligible case management and counseling activities performed by DCFS and private agency (POS) caseworkers. Eligible activities are determined based on Random Moment Time Studies (RMTSs). The DCFS and POS RMTSs are conducted quarterly in accordance with methods described in the DCFS' Public Assistance Cost Allocation Plan approved by the federal government. Eligible services claimed under title IV-B, subpart 1 exclude those eligible activities claimed under title IV-E or TANF-Emergency Assistance. As in previous years, eligible expenses under the title IV-B, subpart 1 program are expected to exceed authorized federal spending for that program for Federal fiscal year (FFY) 2018. This situation is expected to continue through FFY 2019.

**Title IV-B, Subpart 2 Services:** The Department provides services under the Promoting Safe and Stable Families (PSSF) Program's four services categories: Family Preservation, Family Support Services, Time-Limited Family Reunification Services, and Adoption Promotion and

Illinois Department of Children and Family Services  
2015-2019 Final Report

Support Services. A general description of each service category is provided below. As in previous years, eligible expenditures under title IV-B, subpart 2 program are expected to exceed federal spending authority for that program for FFY 2018. This situation is expected to continue through FFY 2019.

The Department continues its efforts to improve and maintain its contacts with children in placement and engage those families and children through necessary and purposeful contact. The Department expects that each of the federal outcomes related to caseworker visitation will be monitored to ensure the benchmark requirements for caseworker visitation are met during FFY 2019. See Monthly Caseworker Visit Formula Grants in Chapter 7.

### Family Preservation Services

Intact Family Services are designed to make “reasonable efforts” to stabilize, strengthen, enhance, and preserve family life by providing services that enable children who are the subject of a founded abuse and/or neglect report to remain safely with their families. In FFY 2018, \$34,356,546 was expended on IFS cases assigned to POS agencies. Services were provided to 6,727 families at an average cost of \$4,683.53 per family.

### Family Support Services

Family Support Services include: Extended Family Support Services, Habilitation Services, and Family Advocacy Center Services.

Extended Family Support Services (EFSS) are designed to divert relative caretakers from the child welfare system when caring for a relative’s child for more than 14 days and when a risk of abuse or neglect may also be present. In these instances, neither the children nor their families have open cases with the Department. The services offered include assistance with 1) obtaining legal guardianship of the children, 2) obtaining a child-only grant and subsidized day care, 3) enrolling the children in school, and 4) providing case assistance for items needed for the child. EFSP programs have operated successfully with few changes for several years. As a result, these services will continue to be provided during FFY 2017-2019. These services are claimed to and funded from federal PSSF in Cook County; downstate they are paid from state Foster Care funds. In Cook County \$1,053,502 was expended in FFY 2018. The cost of the services is more difficult to separately identify downstate.

Habilitation Services promote permanency by maintaining, strengthening and safeguarding the functioning of families to prevent substitute care placements, promote family reunification, stabilize foster care placements, and facilitate youth development. Habilitation services are provided to parents or other caregivers in order to maintain or reunify the family. These services are typically delivered in the client’s home and assist in strengthening the ability of parents or caregivers to provide adequate childcare and improve their parenting skills. Services are furnished on a statewide basis for DCFS managed cases through a network of providers using a standardized program plan. Eligible expenses for Habilitation Services are claimed under title IV-B, subpart 2 up to the amount authorized. In FFY 2018, \$479,475 was expended on these services for 431 clients at \$1,112 per client.

Family Advocacy Centers services are provided at no cost to the family. In FFY 2018, \$5,541,523 was expended for these services.

Illinois Department of Children and Family Services  
2015-2019 Final Report

Time-Limited Family Reunification

Time-Limited Family Reunification programs offer services prior to reunification and prepare families for a youth's return and aftercare services support families after reunification has occurred. The Department also offers time-limited reunification services associated with discharge from institutional residential treatment programs and group homes. These services relate most closely to the current CFSP's Service Improvement Plan's Goal 2 (p. 54 of the CFSP), "Improve the timeliness of permanency achievement for children placed in out-of-home care."

Under the program, 74 families received Pre-Reunification Support services in FFY2018 with a total expenditure of \$61,525 (average of \$831 per family). During the same year, \$4,494,172 was expended for post-reunification services provided to 1,865 children returned home from foster care. The annual average cost of these services per child was \$2,510. Expenditures for these services are not claimed under title IV-B, subpart 2. Time-Limited Family Reunification will continue to be provided during the remainder of FFY 2019.

Adoption Promotion and Support Services

Adoptive families can experience unique challenges as family members adjust. The Adoption Promotion and Guardianship Support Services Program provides help to all adoptive families, including DCFS adoption and guardianship, private domestic adoptions and international adoptions in Illinois in need of services. DCFS adoption preservation services are provided statewide by contracting with nonprofit agencies that serve a specific region. The preservation services providers' main goal is to engage the whole family and keep the family intact. The preservation specialist works with all members of the family, not just the child, to identify ways that they can work together as a unit. The provision of post adoption and post guardianship services to adoptive families in need continues to be a critical part of the service provision of the Department's Post Adoption Unit. In FFY 2018, \$11,109,142 was expended serving approximately 2,311 unique adoptive families for an average of about \$4,807 per family.

## **Sub-Chapter 4D – Chafee and ETV Programs**

### **Chafee Foster Care Independence Program & ETV**

#### **Description of the Illinois Department of Children and Family Services Chafee Independence Program and its Components**

In 1990, the Illinois Department of Children & Family Services developed transitional policies and procedures to better serve youth transitioning from state care. Key program components included continued educational opportunities, employment assistance, life skills assessments and training, placement services, and other support program opportunities. The policies and procedures developed embrace adoption of the Casey Life Skills Assessment, resulting in well-defined transition plans to assist youth in transitioning to self-sufficiency; expansion of post-secondary educational opportunities for youth; supports for vocational training, job skills, job placement and retention; promotion of mentoring programs with dedicated adults; and financial, housing, counseling, and other appropriate supportive services.

It is the Department's position that all youth in placement, regardless of their permanency goal, will be provided age or developmentally appropriate activities and support services designed to enhance and monitor their independent living skills development. Transition planning for adolescents for whom family reunification, subsidized guardianship, or adoption is not an option, must be an ongoing process beginning with an assessment of the adolescent's needs and allowing for input from the youth, caregiver, teachers, counselors, youth's family, and caseworker. Transition planning must also ensure accountability on the part of the youth, the Department and other service providers, and include periodic assessments of needs in light of services to promote successful transition to independence. All adolescents are unique; however, they share common needs when preparing for independent living.

The number of eligible youth for the CFCIP program as of 5/02/19 was 4,954. DCFS will continue to ensure eligible youth are aware of the independent living and transition services and encourage all eligible youth to participate. CFCIP funded programs and services are available in all areas of the state.

- The Department of Children and Family Services (DCFS) has developed a Collaborative Agreement Project between the Board of Education of the City of Chicago commonly known as Chicago Public Schools (CPS) to improve the enrollment process and educational services for the children and youth in the custody of DCFS that are placed in residential settings. To accomplish this mission DCFS develop contracts with four private agencies for youth in care enrolled in Chicago Public Schools. Referred youth receive an array of services including individual diagnostic testing, curriculum based assessments, crisis intervention, social skills assessment, vocational assessment, recreational services and other stabilization services.

Thresholds provided educational and support services to nine clients during this state fiscal year. Lawrence Hall has provided service to four youth in care. Uhlich Children's Advantage Network (UCAN) has served two youth this year. Lydia Home Association has not served any youth this state fiscal year.

Illinois Department of Children and Family Services  
2015-2019 Final Report

- The Department's *Project STRIVE (Strategies to Rejuvenate Interest and Value in Education)* Network in Cook County and surrounding suburbs collaborates with two social service agencies. A trained social worker is sent into the school with an average number of 30 DCFS involved youth to engage them in the educational process. To date for SFY19, Project STRIVE has served approximately 187 youth. Since SFY 15, approximately 900 youth were served.
- The *UCAN Mentoring Program* assists youth in gaining skills and confidence to reach their full potential through a meaningful and supportive mentoring relationship that inspires youths' educational and employment success and thereby facilitating youth development. Approximately 50 youth have been served by the UCAN Mentoring Program this state fiscal year. This number has been constant since SFY 15. The program will continue.
- *The Education Support Initiative (ESI)* is an educational support, mentoring, and family engagement program serving 90 DCFS youth in care and their families. The services are provided by Chicago Youth Centers (CYC), a youth development organization offering a continuum of services including Early Childhood Education, School-age Child Development, and Teen Leadership Development. Chicago Youth Center approximately provided services to 100 youth in care this year.
- The Alternative Schools Network (ASN), in collaboration with the Illinois Department of Children and Family Services, manages the *Youth Scholars, Skills and Service (YS3) Program* with fifteen community based alternative high schools in Chicago, which includes the ASN GED Prep Institute. The ASN YS3 program is a program for DCFS youth who are out of school and do not have a high school diploma or GED. The ASN YS3 program has served 249 youth in SFY19. Eight youth have graduated with a high school diploma or GED in SFY19. Additional youth are expected to graduate in June 2019.

The *YS3 Program* continues to work with Transitional Living Programs (TLPs) and Dually Involved youth, who have been identified to be struggling with school or employment placements.

The ASN YS3 program has served 699 unduplicated youth since FY15. Two hundred and fifteen youth have graduated with a high school diploma or GED.

- The ASN/YS3 program regularly evaluates its services and performances to best meet the needs of the youth that they serve. Meeting the benchmarks of the program has and will continue to be an important goal. The YS3 program made some significant staff and job role changes in 2017. The changes were made to increase the program service delivery impact and efficiency. These changes have improved program performance.
- The Alternative Schools Network (ASN) *Fostering Learning Program (FLP)* provides a specialized online academic and career/technical education curriculum for DCFS youth. The Fostering Learning Program partners with Odysseyware, experts in online learning solutions for at-risk youth. Core subjects include math, history, geography, science and language arts. Electives include Career Technical Education, business, fine arts, health and world language. The FLP is being utilized at therapeutic day schools at residential treatment centers. In SFY19, two hundred fifty-four unduplicated DCFS youth utilized the FLP program. Three hundred forty-seven unduplicated DCFS youth were registered with FLP accounts. There are ten active sites.

Illinois Department of Children and Family Services  
2015-2019 Final Report

The ASN *FLP program* expanded in SFY19 to include: Odysseyware Curriculum Addition - Class Pace. Class Pace is a classroom blended learning curriculum tool. The other Odysseyware Curriculum Addition was Base Education. Base Education provides a social-emotional curriculum. However, usage of ClassPace and Base has been minimal. ClassPace training was provided to staff, on an individual basis, that were equipped with enough technology knowledge (~ 70%) to implement this auxiliary program that was meant to foster classroom programming that wholly supported the Blending Learning Model of leaning/instruction. Usage for ClassPace remained very minimal throughout the year for trained staff due to the fact that most favored using whole structured course curriculum over creating daily lessons which required too much planning on a continual basis. Base trainings were never implemented due to the fact that this a therapeutic based program and the therapeutic staff at the sites that were approached were not interested in utilizing it. This is mostly due to the fact that most felt that therapy was best implemented using traditional methodology, face to face interactions and that using online curriculum would cause an interpersonal disconnect that was not conducive to therapeutic progress. Additionally, both programs were not designed to capture usage data in an efficient manner or not at all. Since many of the program outcomes are rooted in usage time, the inability to capture that specific type of data renders reporting usage nearly impossible, and as such FLP would not be able to provide sufficient data support to justify their effectiveness or continuing services with respect to funding. Due to the nature of the above programs, with respect to inability and/or difficulties related to implementation and capturing usage data, these two-auxiliary programs will be dropped for FY20.

ASN had utilized Extralearning Online (ELO) before switching to Odysseyware in SFY16. Odysseyware was a new addition and an exciting upgrade to the online curriculum provided to participating sites that came online in FY16. Extralearning Online no longer exists as a company or online program.

In SFY15, the ASN Extralearning program had 458 unduplicated youth accounts, with 400 unduplicated youth utilizing the ELO program.

The number of unduplicated youth accounts in the ASN FLP Program (Odysseyware) from SFY16 to date is 894. The number of unduplicated youth who have utilized the ASN FLP program (Odysseyware) from SFY16 till today is 765. Fifteen sites have utilized the ASN FLP program during this time.

The most notable change and improvement in the FLP Program from SFY15 to today was the change in curriculum and LMS (learning management system) that ASN provides the participating sites. This was the change from Extralearning Online to Odysseyware. This change was done because the curriculum and teacher supports offered by Odysseyware were far superior to Extralearning. This was also requested by the sites in the interest of providing the best program to the youth. The Extralearning Online program was a great program in its time. ELO, was one of the first online curricula available, that was specifically designed with youth-in-care in mind. However, it had become outdated and the company was not meeting the demands of change and technology. The ASN FLP Program decided that a change was required for the success of the program and for the agencies/schools to better serve the youth. The change/improvement not only strengthened the programming services that were offered, it also improved the learning environment for administrators, teachers and students alike as evidenced by quantity and quality of continued usage across all participating sites.

Illinois Department of Children and Family Services  
2015-2019 Final Report

- The *Educational Access Project* for DCFS (EAP) is a partnership between DCFS and Northern Illinois University (NIU). Education Advisors and Post-Secondary Education Specialists are located in DCFS regional and field offices where they are readily accessible to families, schools, child welfare staff and communities. EAP provides educational advocacy to promote academic success for youth involved with DCFS. The EAP has provided services to 1,290 youth in care in SFY19 and delivered 3 trainings for caseworkers and caregivers, with 110 attendees.

Beginning in SFY 20, the post-secondary education specialists currently with the EAP will transfer to a contract with the University of Illinois at Urbana-Champaign (UIUC). The Postsecondary Education Support (PSE) Program for Youth in Care will create a partnership between the Illinois Department of Children and Family Services (IDCFS) and the University of Illinois at Urbana Champaign (UIUC)-School of Social Work to develop and implement a strategic plan with the aim of increasing college enrollment and graduation rates among youth in IDCFS care.

Beginning in SFY 20, the EAP will focus only on youth in care in grades K-12. The EAP will shift from a reactionary program to more of a proactive one. On a monthly basis, a list will be sent to the EAP/NIU Supervisor identifying children/youth who need education intervention based on failing grades, behavioral issues, truancy etc. The tickler will not identify students who are doing well in school or making progress in school, only students who are at risk of academic failure. EAP/NIU supervisor will break out the list based on placement of the student and school district and disseminate to the NIU Advisors. The NIU Advisor will document efforts to support the student in the system, and continue to work with the student, caseworker, foster parents, school personnel to ensure the student receives services necessary for academic success.

- The *Youth in College/Vocational Training* (YIC) placement supports DCFS students attending state or private universities, community colleges, or vocational training schools. Participants receive a monthly grant of \$511.00 per month and payment for books and required supplies that are not paid for by financial aid grants. For SFY19, 74 new youth have been approved for the YIC/VT program and as of April 24, 2019, there are 126 youth in the program.
- The *Youth in Scholarship* program is a competitive college scholarship program open to all DCFS youth in care, youth who aged out of care at age 18 or older, and youth who left care through guardianship or adoption. The Department awards 53 scholarships annually. The awardees receive a monthly grant of \$511.00, a medical card, and a tuition and mandatory fee waiver to an Illinois state public university or community college. Currently, there are 201 youth in the DCFS Scholarship program.
- The *Community College Payment Program (CCPP)* pays for the tuition, fees, and books, as well as supplies and uniforms, not covered by financial aid grants, for those youth in care attending an Illinois community college. As of April 24, 2019, for SFY 19, 9 youth have participated in this program. Out of these 9 youth, 4 were in programs not eligible to receive financial aid, 2 were non-citizens, 1 student received financial aid at another school that term, 1 student was on financial aid suspension, and 1 student needed the funding for books & supplies only. City Colleges of Chicago now offers tuition waiver scholarships to those students graduating from a Chicago Public or Charter High School earning at least a 3.0

Illinois Department of Children and Family Services  
2015-2019 Final Report

GPA and who place into college level math and English or have an ACT of 21+. 5 of the students did attend City Colleges and used DCFS funding because they attended programs that were Career & Technical or lost access to financial aid.

- Effective 1/1/19, a tuition and fee waiver program was implemented in Illinois. Students who are in DCFS care, aged out of care at age 18 or older, or who went to adoption or guardianship from DCFS are eligible. The waiver is valid at an Illinois public university or in-district community college. As of May 23, 2019, 150 youth have requested a tuition waiver.
- The *DCFS Find Your Futures Program* is an internship program open to youth in the YIC placement or DCFS scholarship program. Youth who are selected for the program are matched with an employer in their field of study. For the summer 2019 program, 55 applications were received, 54 applicants were interviewed, 25 youth were accepted in to the program, 23 were put on a wait list, and 6 were not accepted. The program has serviced approximately 125 youth since FY 15.
- SFY 2017 was the start-up year for *First Star College Prep Academy* at Illinois State University. Each subsequent fiscal year continues to support each cohort and continues recruitment. The program model includes monthly Saturday academies of academic and life skills program sessions during the academic school year and an intensive four-week residential summer program on the campus of ISU. Since inception ISU First Star has served approximately 25 youth in care.
- The *Employment Incentive Program (EIP)* is a transition program for youth in care 17-20 years of age. DCFS youth who have a high school diploma or GED, and are involved in job training through a certified jobs skill training program, or are employed 20 hours a week/80 hours per month are eligible for a \$150 monthly grant. EIP was effective 1/1/06 and since its inception an approximate total of 2,220 youth have participated in the Program. Approximately 75 new youth have been approved for participation during SFY19.
- The Alternative Schools Network *Added Chance Program* provides Pre-Employment Workshops and Job Placement for DCFS youth 16-20 years of age in Cook County. In SFY19, 368 DCFS youth were served in the Added Chance program. Two hundred and one youth participated in the Pre-Employment workshops. Forty-five youth received job placements. An additional nine youth found their own jobs after the Added Chance training and counseling.
- The Added Chance program has served 1,730 duplicated youth since SFY15. Eight hundred sixty-three duplicated youth participated in the Pre-Employment Workshops and 314 duplicated youth received job placements. The Added Chance Program has been very successful over the years. One enhancement that they have made to continue to attract youth-in-care to the program is that they have expanded the number of workshops to enroll youth from 1 to 2 per week.
- The Lawrence Hall *Mentoring Youth to Inspire Meaningful Employment (MY TIME)* program is a unique job readiness and job placement program created especially for youth in care. MY TIME has a 3-5-day Career Readiness Training (CRT) component that is provided to youth in care during the day and in the evening based on the needs of the youth. In SFY19, eighty DCFS youth were served in the MY TIME program. Eighty DCFS youth participated in the Career Readiness Trainings, with seventy-three completing CRT. Thirty-

Illinois Department of Children and Family Services  
2015-2019 Final Report

eight DCFS youth were placed in employment. In SFY19 the CRT was shortened to 3 days. After the 3 days of CRT, youth participate in community job searching with their Employment Mentor.

The MY TIME program, since SFY15 has served 557 duplicated youth. Five hundred fifty-seven duplicated youth have participated in the MY TIME Career Readiness Trainings (CRT), with 363 youth completing. There have been 232 job placements.

- The *Love, Unity & Values (LUV) Institute* serves DCFS youth in care through the Journey to My Better Self Career Academy (JTMBSCA) program. This program consists of two phases and is designed to facilitate youth development through the delivery of intensive employment training, as well as other supportive services to help youth (ages 16-20) to be job-ready for economically sustainable employment in high-growth industries and occupations. During this fiscal year approximately 100 youth in care have participated in this program.
- DCFS partnered with the Illinois Department of Commerce and Economic Opportunity, Office of Employment and Training (OET) to implement an Employment and Training Program targeting DCFS Youth in Care during the overlapping SFY16 and SFY17. The goal of the initiative, known as the *Building Futures Program*, was to increase the work experience and career readiness of foster youth. Three pilot programs were implemented under the program. One in Rockford, (northern Illinois), one in Marion (southern Illinois) and one in East St. Louis. The interagency agreement expired December 31, 2018. The Department initiated a contract with the provider in East St. Louis, Southern Illinois University Edwardsville, to continue the program at that location. Through 3/31/19, the program served 34 youth. The program is expected to continue through FFY 2024.
- The *Countdown to 21 Program* is designed to support the successful transition of older youth to independence. The program ensures that youth are involved in the youth driven transition planning activities regarding their final living arrangement prior to leaving the Department's care, connections are established with family and community supports, realistic education and vocational goals are established and in process, and participation in financial literacy training to promote financial stability. During the first 9 months of SFY19, 738 youth have participated in a Discharge-Clinical Intervention for Placement Preparation (D-CIPP) meeting. In SFY 19, 85% of eligible youth participated in a D-CIP within 30 days of age 20.9; 80% of eligible youth participated in a D-CIPP within 6 months of their 19<sup>th</sup> birthday. Between SFY15 thru March 2019 the Countdown to 21 Program has served approximately 4500 youth.

As part of the Countdown to 21 program the *Economic Awareness Council (EAC)* provides the "Get Real: Financial Decisions in the Real World" curriculum, including all program materials to 900-1000 youth within the DCFS system between ages 19-21.

The EAC provides the financial literacy training to DCFS trainers, who then train the Purchase of Service (POS) staff on the financial literacy curriculum. The POS staff then conducts the financial literacy training for the DCFS youth assigned to their agency. The EAC also provides support for two training sessions each quarter as needed to train new instructors. EAC staff participated in four financial literacy trainings for POS staff in SFY19. Eighty-two staff participated in the Financial Literacy Trainings, which were held in Chicago, Aurora and Springfield.

Illinois Department of Children and Family Services  
2015-2019 Final Report

The EAC communicated with 250 sites to respond to questions regarding the Get Real/Countdown to 21 programs and to provide support in implementation of the Get Real program in SFY19. The EAC provided 18 coalition conference calls in SFY19. These calls were available to all certified Get Real: Financial Decisions in the Real-World instructors. There were 370 instructors in attendance on these calls.

The EAC highlights in FY19 include:

- The EAC continued to update the Get Real curriculum and support the youth in care and instructors that are part of Countdown to 21 Program. The EAC spent considerable time updating the saving and investing section of the curriculum to further emphasize the importance of emergency saving as well as simple strategies for emergency saving and investing. The EAC also developed additional online financial education resources for youth including those that highlight mobile banking. The EAC also developed a new online budget tool specifically for youth that were not in college, [simplebudgets.org](http://simplebudgets.org), this is paired with [collegebudgetbuilder.org](http://collegebudgetbuilder.org) for youth who are in college. Finally, the EAC recently created a poster highlighting the importance of Countdown to 21 and specifically the financial literacy component as well as encouraging staff and youth to ensure that youth have an opportunity to complete the Countdown to 21 program as soon as possible after age 19. These posters will be distributed statewide in Q4.
  - There have been 32 Financial Literacy trainings since SFY15, with 558 participants. These trainings have been held in Springfield, Champaign, Bloomington, Mount Vernon, Aurora, Chicago, East St. Louis, Peoria, Rockford, Maywood and Joliet. The Economic Awareness Council communicated with 1,684 duplicated sites during this time. There have been 98 coalition calls with 1, 857 participants.
  - The EAC has completed one complete revision of the curriculum guide and materials and as well as additional more minor updates each year. The EAC has completed one refresher course that was required for continuing certification and tracked completion statewide. The EAC has significantly updated the credit, banking, investing, payroll and tax sections as needed, as the field of finance evolves.
  - The EAC worked with the National Child Traumatic Stress Network to create a tip sheet regarding “Building Resiliency & Understanding the Impact of Trauma on Youth Development & Financial Behavior.”
  - The EAC has created multiple new online learning tools that are frequently used by youth in care as they complete the Get Real financial literacy programs as well as developed a remote learner option for youth in care. The EAC has also transitioned technology as needed from DVDs to USBs and google drive support, etc. The EAC now hosts online webinars monthly for instructors and has an online ordering system for training materials.
  - The EAC completed the development of a special results poster for Countdown to 21, that is being distributed this year and produced a video highlighting the success of youth in care within Countdown to 21.
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- Youth between the ages of 14 to 20 are encouraged to complete life skills training, if the skills they need cannot be learned in their “home” environment. The Department contracts with four providers to provide an array of one-on-one, hands on and group life skills instruction focused on the individual plans developed from the youth’s life skills assessment. The Department contracts with three providers to deliver financial literacy training throughout the State. All provider contracts are expected to continue in FFY 20 through FFY 24, with no additional services providers needed at this time.

Illinois Department of Children and Family Services  
2015-2019 Final Report

In the Cook County region, the department contracts with UCAN for the Financial Literacy training for youth with DCFS caseworkers and the life skill instruction for youth in Foster Home Private (FHP), Home of Relative (HMR), Foster Home Specialized (FHS) Youth in College/Vocational Training Program (YIC/VTP) and Placement Alternative Contract (PAC).

In SFY19, thirty-four financial literacy referrals were sent to UCAN. Thirty-one DCFS youth participated in the UCAN Financial Literacy trainings. Twenty-two youth completed the financial literacy training. There were twenty-two life skills referrals for UCAN. Two DCFS youth participated in the UCAN life skills training in SFY19, with one completion. UCAN staff are recommending online Life Skill classes for the youth, because the youth are not attending the life skill classes in-person. UCAN has provided the Financial Literacy trainings from SFY15 to 137 duplicated youth with 94 completions. There have been 71 duplicated youth in the UCAN Life Skill classes since SFY15, with 50 completions.

During this time, UCAN reached out to other agencies to conduct Life Skills trainings at their locations and facilitated online Financial Literacy trainings for youth away at college or working. Staff have also tested weekday versus Saturday trainings and has tried using UBER as a transportation option for the youth. UCAN has also hosted trainings at different UCAN sites on the south side and west side of Chicago. Staff have attended Foster Care meetings, Resource Fairs, the Englewood Community 2019 Expo and provider events to publicize their programs. UCAN is also considering online trainings for Life Skills. Staff also have offered additional program opportunities at UCAN to participants.

The life skills agency for Downstate Central and Southern regions is Southern Illinois Collegiate Common Market (SICCM). During SFY19, 144 life skills referrals have been made to OETS to be served by SICCM in both Southern and Central Regions of the State, with 85 completing the program by 3/31/19. In this fiscal year SICCM only received Financial Literacy Referrals for the southern Region only completing 2 as of 3/31/19.

Cunningham Children's Home provides financial literacy training for Central Region DCFS monitored cases only. In SFY19 five (5) youth have completed financial literacy training through Cunningham. Since inception approximately 20 youth have been served through this program

In the downstate Northern Region, there was only one life skills provider for SFY 19 until 5/15/19. Eighty-seven life skills and five financial literacy referrals have been submitted in SFY19. The existing provider, Youth Service Network, has serviced twenty-six of the referrals. The new provider and YSN will continue providing life skills training to eligible youth in northern region.

- The Department contracts with Uhlich Children's Advantage Network (UCAN) to provide a system of administrative and clinical services for pregnant and parenting teens under the care of DCFS. The Teen Parent Services Network (TPSN) is responsible for the overall planning, delivery and evaluation of comprehensive quality services to pregnant and parenting youth in care and their children. During the first nine months of SFY19 TPSN served 535 clients (451 parents who are youth in care and 84 children in care). Between SFY15 thru March 2019 TPSN has served approximately 2550 youth.

The Department expects to continue contracts with UCAN/TPSN and the parenting programs below through FFY 2020-2024.

Illinois Department of Children and Family Services  
2015-2019 Final Report

Cook County has two parenting programs. Metropolitan Family Services' *Moms Plus program* serves pregnant and parenting youth in care. The total number of youth served to date for SFY19 is 28. Since SFY15, the program has served approximately 130 youth. The Catholic Charities *Parenting Adolescence Support Services Program* (PASS) has served 42 youth to date in SFY 19. Since SFY 15, the program has served approximately 200 youth.

In the Southern Region, there are two programs serving pregnant and parenting youth in care. *Pathways Teen Parenting* is housed at Chestnut Health Systems and covers six counties. Pathways has served 18 unduplicated youth in FY19 and continues to operate a WRAP program to assist youth in obtaining necessary baby items. *New Life Parenting Program* is housed at Hoyleton Family Services and covers the remaining 22 southern counties. New Life has served 13 unduplicated youth in FY19.

In the Northern Region, there was one parenting program for the first quarter of SFY 19. A Promise for Parents was housed in Dekalb and covered 16 counties and serviced five youth during the first quarter of FY19. Currently Northern Region does not have a full-service parenting program, however a contract with Anointed Youth Development will be initiated July 1, 2019 to serve 5 counties in northern region. Omni Youth Services began completing New Birth Assessments only in March 2019 for all of northern region.

In the Central Region, there are three parenting programs. *Project Parenthood* is housed in Urbana at Cunningham Children's Home and covers nine counties. *Stepping Stones* is housed in Peoria at Crittenden Center and covers ten counties. *Empowered Parents* is housed in Springfield at Springfield Urban League and covers six counties. Each agency has been willing to provide parenting services to youth outside their coverage area when the need has arisen. For SFY19, Project Parenthood has served 10 youth, Stepping Stones has served 13, and Empowered Parents has served 6. Since SY15 to present Project Parenthood has served approximately 60 youth, Project Parenthood has served approximately 75 youth and Empowered Parents has served approximately 30 youth.

- In SFY19, *Be Strong Families* (BSF), NFP has continued serving child welfare involved youth & young adults by providing services that contribute to achieving child welfare goals and building the Center for the Study of Social Policy's (CSSP) Youth Thrive™ Protective / Promotive Factor framework. During the first nine months of SFY19 BSF, has served 334 youth and young adult participants. Between SFY15 thru March 2019, BSF has served approximately 1887 youth and young adults.
- The *Illinois Inter-Agency Athletic Association (IIAA)* sponsors and organizes sports and recreational events for Illinois youth residing in child care institutions, group homes or independent living preparation programs. In SFY19, approximately 650 DCFS youth in care have participate in IIAA events. Since SFY15 to present IIAA has served approximately 3,500 youth
- The *DCFS Regional Youth Advisory Boards* (RYAB's) are convened in the four DCFS Regions across the state. For SFY19, The Office of Education and Transitional Services and the DCFS Advocacy Office coordinates Regional Youth Advisory Board meetings for downstate Central and Southern Regions. Be Strong Families coordinates meetings for the Northern Region and Cook County region, and the Statewide Youth Advisory Board. The Regional Youth Advisory Boards (RYAB's) meet once per month. The members are DCFS

Illinois Department of Children and Family Services  
2015-2019 Final Report

youth in care or youth who have achieved permanency through Adoption or Guardianship. Each RYAB has elected officers, who convene at the Statewide Youth Advisory Board (SYAB) quarterly meetings. RYAB and SYAB members represent the interests of the total population of DCFS youth in care. The RYAB mission statement focuses on partnerships, commitment, engagement, advocacy, empowerment, collaboration and responsibility for DCFS youth, particularly adolescents. For SFY19, approximately 120 unduplicated youth have participated in downstate Central and Southern Regional board meetings. The Northern Region Youth Advisory Board have 74 unduplicated youth have participated in their meetings, 105 youth have participated in Cook County region meetings, and 20 youth have participated in Statewide Youth Advisory Board meetings.

- The Department collaborated with the Foster Care of America Alumni – Illinois Chapter and the Illinois Statewide Youth Advisory Board to foster a *Youth in Care and Alumni Legislative Shadow Day* at the State Capitol on May 14-15, 2019. The Shadow Day paired youth in care and alumni from across the state with members of the Illinois General Assembly. In addition, the youth were able to meet privately with Illinois Governor JB Pritzker to share personal stories and advocate for supportive services for youth in foster care. This year's event had 45 currently youth in care and alumni participate. This is the fourth year this event has taken place. It will continue under the same format in the future.
- *Regional Youth Summits*, geared specifically for youth in care, ages 14-20, are held annually in June across the state. The Summits provide a day full of activities and learning opportunities for youth that target education and transitional services of the department along with community resources. The youth advisory boards determine the theme, colors and topics of interest each year. In 2018, 105 youth participated in the Southern Region Youth Summit, 132 participated in the Central Region Youth Summit, 85 youth participated in the Northern Region Youth Summit, and 125 participated in the Cook Region Youth Summit. The Summits are scheduled for each region in June of 2019 and will continue on annual basis.
- The Department previously sponsored annual *Graduation Celebrations* in June to honor youth in care who graduated from high school or a post-secondary program. The 2017 celebrations honored 10 youth in Southern Region, 36 youth in Central Region, 15 youth in Northern Region, and 32 youth in Cook Region. The Graduation Celebrations were not continued after 2017 due to very low participation.
- DCFS referred 226 youth for housing advocacy services (help locating housing, providing housing, budget counseling, and follow-up services) so far in SFY19 through the *Youth Housing Assistance Program*. The Department expects to be billed for almost \$340,000 in FY18, which would be more than a 15% increase over last year.

So far in SFY19, the Department's *Youth Housing Assistance Program* has authorized cash assistance to 96 youth who were aging out of, or had already aged out of, the foster care system. The total amount of cash assistance requests authorized between July 1, 2018 and April 30, 2019 was \$95,829.56.

DCFS wanted to refer more youth to local housing authorities for a Family Unification Program (FUP) housing choice voucher. Federal rules require DCFS to provide services to youth for 18 months after the youth case closes. DCFS requested, and the federal government approved, extending Youth Housing Advocacy Services and Youth Cash

Illinois Department of Children and Family Services  
2015-2019 Final Report

Assistance Program services funded through the Independence Facilitation grant until the youth turns 23. This will lead to a large increase in youth referred to FUP. We have already referred 37 youth to FUP in FY19 which is more than a 50% increase as the number served during the same period in FY18. Almost all of the are still looking for housing and therefore we have not yet experienced the anticipated increase in Youth Cash Assistance utilization.

In order to assist local housing authorities successfully apply for funding for Family Unification Program (FUP) housing choice vouchers (HCV, also known as Section 8), the Department needs to expand services currently provided youth who receive housing through FUP.

Effective February 9, 2018 changes were made through the Family First Prevention Services Act that allows states to use Chafee funds for youth up to age 23. The Department is seeking approval to expand Chafee funded Youth Housing Advocacy Program services (e.g., housing and financial literacy counseling, housing search and resources, resource referrals and follow-up services) and Youth Cash Assistance (for items like security deposits, furniture and basic household supplies) to youth until their 23rd birthday (currently we provide this service until their 21st birthday).

- The Department submitted the 2019A *National Youth in Transition Database (NYTD)* file as required by 5/15/19. The 2019A file included the results for the 19-year-old follow up survey for Cohort 3. The Department is currently subject to a 2.5% penalty for non-compliance. A corrected file will be transmitted within the allowed time frame. It will correct all compliance issues, except the one requiring 60% of out of care youth to participate in the survey. The state does not expect to meet that requirement. The comparison reports and “data snap shots” from the NYTD portal are posted on the Department’s internal D-Net and the DCFS website.

Illinois is scheduled to have the federal NYTD Review June 25-28, 2019. In preparation for the review, a state review team was convened and has been participating in planning meetings with the federal review team. The major concerns for Illinois are: outcome survey participation by out of care youth, reporting of independent living services data, knowledge level regarding NYTD of caseworkers and youth, and the state’s use of the NYTD data for planning purposes. As a result of initial planning efforts for a potential review in 2017, an on demand virtual training was created for caseworkers on the NYTD survey and independent living reporting requirements. It is available to caseworkers, all caseworkers with a youth age 14 or over on their caseload are requested to complete it. In addition, efforts have been increased to reach out to private child welfare agencies to reiterate the requirement to report independent living services for all youth ages 14-20 who receive one of the identified independent living services paid for or provided by DCFS.

### **Education and Training Voucher Program**

*Description of the Illinois Department of Children and Family Services Education and Training Voucher (ETV) Program and its Components*

Illinois developed the ETV program in 2003 to assist youth with post-secondary educational and vocational/training opportunities. Eligible youth in Illinois are current youth in care who are in independent living programs, foster care, relative care, or private agency care homes, youth who aged out of care at age 18 or older or youth who were placed in either adoption or subsidized guardianship after the age of 16.

Illinois Department of Children and Family Services  
2015-2019 Final Report

Benefits include up to \$5,000 per youth per year for cost of attendance items such as tuition and fees, books and supplies, room and board, books, uniforms, supplies, transportation, or equipment that financial aid grants and scholarships do not cover. Youth in the YIC and Scholarship programs receive a monthly grant of \$511, but may request financial assistance for the amount that their room and board exceeds the monthly board payment.

Effective February 9, 2018 changes were made to the eligibility of ETV through the Family First Prevention Services Act so that more youth could complete their educational programs. Youth no longer have to access ETV prior to age 21 to have access to the funding. They are now eligible until age 26, but in no event, may a youth participate in the program for more than 5 years (whether or not consecutive). Illinois has revised the ETV policy to incorporate these changes.

Since youth no longer have to use ETV funding prior to age 21, the ability to contact eligible youth will become more difficult as they may 'age out' before accessing the ETV funding. Students who file their FAFSA are currently advised to contact the ETV coordinator in their state to determine what funding they may be eligible to receive, but this does not address the fact that they must use it prior to age 26. Attempts to make this information available to potential future students must be made. This remains a challenge and the older youth who did access the ETV program received information either from filing their FAFSA and contacting the ETV coordinator or received information from the financial aid office at the school. We will need to place a higher priority on the following:

- Presentations to DCFS and POS personnel who work with older youth
  - In person contacts with the post-secondary financial aid departments at schools who may encounter eligible youth
  - Contact with post-adopt personnel to be sure they have information about funding sources for post-secondary education
  - Articles in IL DCFS publications
  - Presentations and mailings to other entities who work with our youth
- During SFY18, 204 youth were served via the ETV Program. This number includes 94 youth who began receiving services in SFY17 or prior and continued receiving services in SFY18.
  - From July 1, 2018 to April 24, 2019, 148 total youth have benefited from ETV awards in SFY19:
    - 77 new youth have applied for ETV benefits
    - 111 of the youth served were also in the YIC/YIS programs
    - 5 youth in YIC/YIS programs were able to use ETV funding for housing costs that exceeded their monthly board payment
    - 21 youth were able to use the funding for needed computers
    - 18 youth that were served by the program were enrolled in a career and technical education program (formerly known as vocational or trade program) and the remainder were attending a community college or 4-year university.
  - The Department's ETV program is available to former youth in care that were adopted or placed in guardianship at age 16 or older. Of the youth who received ETV funding in SFY19, 91 of the youth served were in care, 52 were former youth in care, 2 were either subsidized guardianship or adoption at age 16 or older, and 2 were in the ESGAP group.

Illinois Department of Children and Family Services  
2015-2019 Final Report

- All youth having a current email address on file with the business office received a reminder notice during academic year 2018-2019 to review their college expenses for the year to see if there was a need for ETV funding and to make sure they file their FAFSA so they will be eligible for the maximum federal and state grant funding.

The Department will continue to develop and implement ways to identify these youth and then reach out to them.

- Staff from the Office of Education and Transition Services continue to conduct trainings and information seminars at foster parent conferences, Hispanic and African-American Family conferences, educational trainings in person and through webinars to DCFS and POS staff and to all interested parties.
- Information regarding the ETV program will be presented to youth at all four Youth Summits during June 2019

**Annual Reporting of State Education & Training Vouchers Awarded**

	<b>Total ETVs Awarded</b>	<b>Number of New ETVs</b>
<b>Education and Training Voucher Program (July 1, 2017 – June 30,2018)</b>	204	110
<b>2018-2019 School Year* (July 1, 2018 – April 24, 2019)</b>	148	77

## Chapter 5 – Program Support

### Office of Learning and Professional Development

The Office of Learning and Professional Development (OLPD) strives to provide the learning and growth experiences for child welfare staff that will provide them with the necessary skills to best serve the children and families in Illinois. Trainings are evaluated and research toward new and better offerings are continuously sought. The following information presents the current fiscal year data regarding OPD's trainings.

#### Pre-Service Training:

The Office of Learning and Professional Development conducts the initial pre-service training required for new DCFS/POS intact, child protection workers, placement caseworkers, and their supervisors. Pre-service training is also provided for adoption workers and staff at the State Central Register (SCR/Hotline). The Department provides Foster PRIDE pre-service training for prospective foster parents and Adoption/Guardianship Certification training for foster parents adopting a child or youth in placement.

The table below represents the pre-service courses offered and the number of participants having completed the courses from July 1, 2018 through April 1, 2019:

Pre-Service Trainings FY19 (to 4-1-19)					
Courses	Cancelled	Completed	No Show	Rescheduled	Grand Total
ADOPTION CORE TRAINING	1	13			14
BURGOS: BRIDGING THE GAP	13	456	38	6	513
CHILD WELFARE FUNDAMENTALS STUDY GUIDE	6	10		2	18
DEVELOPMENTAL DISABILITY TRAINING	10	668	9	7	694
FOUNDATION FOR CHILD WELFARE SPECIALIST: INTACT FAMILY CASEWORK	20	163		8	191
FOUNDATION FOR CHILD WELFARE SPECIALIST: PLACEMENT/PERMANENCY CASEWORK SPECIALTY	69	417	2	33	521
HISTORICAL PERSPECTIVE	6	694	33	22	765
ILLINOIS CHILD WELFARE FUNDAMENTALS	2	22			24
ILLINOIS CHILD WELFARE FUNDAMENTALS TELECONFERENCE	9	290	141	9	449
KIDS AND OLDER CAREGIVERS	7	618	5	15	645
LEARNING CIRCLE SESSION 1	4	139	25	10	178

Illinois Department of Children and Family Services  
2015-2019 Final Report

LEARNING CIRCLE SESSION 2		122	23	13	158
LEARNING CIRCLE SESSION 3	5	114	16	11	146
LEARNING CIRCLE SESSION 4	4	94	22	12	132
MANDATED REPORTER	10	264	25	7	306
NEW EMPLOYEE ORIENTATION (CLASSROOM BASED TRAINING)	2	178	11	9	200
NORMAN SERVICES	10	672	2	9	693
OFFICE AUTOMATION & SACWIS TRAINING	7	614	3	6	630
SERVICES TO DCFS CLIENTS EXPERIENCING DOMESTIC VIOLENCE	10	645	10	8	673
<b>Grand Total</b>	<b>195</b>	<b>6193</b>	<b>375</b>	<b>187</b>	<b>6950</b>

### Ongoing Staff Training:

The State is operating a staff learning and development training program that provides ongoing training for staff, addressing the skills and knowledge needed to carry out their duties regarding the services included in the CFSP and State law, and the Children and Family Services Act. Within this section will be addressed the *Core Practice Model, Employee Licensure, and Continuing Education*.

For staff in-service, the following represents the year to date totals from July 1<sup>st</sup>, 2018 to April 1<sup>st</sup>, 2019:

<b>Ongoing Staff Training FY19 (to 4-1-19)</b>					
<b>Courses</b>	<b>Cancelled</b>	<b>Completed</b>	<b>No Show</b>	<b>Rescheduled</b>	<b>Grand Total</b>
ADOPTION LEGAL AND SUBSIDY TRAINING	9	82	31	1	123
ASK DEMO		27			27
BURGOS: BRIDGING THE GAP	4	370	188	4	566
CERAP STAND ALONE TRAINING	4	19	1		24
CHILD AND FAMILY TEAM MEETING OVERVIEW	16	81	8		105
CHILD DEATH REVIEW INVESTIGATION TRAINING FOR CHILD PROTECTION SPECIALISTS	188	581	112	68	949
COURT TESTIMONY TRAINING	25	127	36	13	201
DEVELOPMENTAL DISABILITY STAND ALONE TRAINING	2	29	11	3	45
FORENSIC PHOTOGRAPHY	1	1			2

Illinois Department of Children and Family Services  
2015-2019 Final Report

KIDS AND OLDER CAREGIVERS		4			4
MEDICAL ASPECTS OF CHILD PHYSICAL & SEXUAL ABUSE	11	82	30	13	136
MOBILITY PROJECT (LAPTOP TRAINING)		1	1	1	3
NEW EMPLOYEE ORIENTATION HANDBOOK TRAINING	1	33	5	4	43
NORMAN SERVICES		2			2
SACWIS 2 DAY STAND ALONE	5	19	1	2	27
SACWIS STAND ALONE		1			1
SERVICES TO DCFS CLIENTS EXPERIENCING DOMESTIC VIOLENCE	8	23	9	4	44
<b>Grand Total</b>	<b>274</b>	<b>1482</b>	<b>433</b>	<b>113</b>	<b>2302</b>

The Illinois Core Practice Model: The Illinois Core Practice Model has three components: Family-centered, Trauma-informed, and Strength-based (FTS) Practice, Model of Supervisory Practice (MoSP), and the Child and Family Team Meetings (CFTM). The Core Practice: FTS training was fully incorporated into Foundations training for Permanency and Intact staff in January 2018. An abbreviated online version remains available for non-direct service staff and community partners. An expanded online version was finalized and went live with the launch of the immersion expansion agencies in August 2018 for direct service staff who are not new hires. The MoSP includes two days of classroom for each of the four modules (once a month), with an individual coaching session occurring approximately two weeks after each module for all participants. Beginning in September 2018 and running through August 2019, at the request of the then Acting Director of IDCFS, a streamlined version of MoSP Boot Camp (4 days) is being offered once a month and rotating each month between the four Illinois regions (Northern, Cook, Central, and Southern).

An Executive Overview of MoSP is offered every four months at the beginning of each full version cohort to explain how administrators and executives can support their supervisors in the MoSP. The CFTM three-day classroom training is the foundation for the onsite coaching with live cases that occur in order to approve staff as “facilitators,” “coaches” (supervisors are targeted to become coaches for their assigned teams), and “master coaches” or “advanced master coaches.” Advanced Master Coaches and Master Coaches will be FISP (Field Implementation Support Program) staff and select regional staff to support the sustainability of the new CFTM model.

The table below represents the number of DCFS and POS participants completing the individual courses (Note: there are some new hire trainings listed here, as well as supervisor trainings) from July 1, 2018 through April 1, 2019:

<b>Core Practice Model Trainings FY19 (to 4-1-19)</b>		
<i>Course</i>	<b>Delivery Method</b>	<b>#Participants Completed</b>
<i>Trauma 201</i>	7 Classroom deliveries	107
<i>Abbreviated FTS for non-direct service</i>	Online	218

Illinois Department of Children and Family Services  
2015-2019 Final Report

<i>FTS for Direct Service: non-new hire</i>	Online	623
<i>New Hire Fundamental Course: FTS</i>	Online	615
<i>CFTM Overview: non-direct service</i>	Online	81
<i>CFTM: 3-day training</i>	Classroom	151
<i>Coaches as CFTM Facilitators</i>	In-person	49
<i>Coached as CFTM Coaches</i>	In-person	16
<i>Coached as CFTM Master Coaches</i>	In-person	5
<i>Coached as CFTM Advanced Master Coaches</i>	In-person	2
<i>MoSP Bootcamp: day 1</i>	In-person	31
<i>MoSP Bootcamp: day 2</i>	In-person	30
<i>MoSP Bootcamp: day 3</i>	In-person	31
<i>MoSP Bootcamp: day 4</i>	In-person	26
<i>MoSP Administrative Module</i>	In-person	163
<i>MoSP Developmental Module</i>	In-person	171
<i>MoSP Supportive Module</i>	In-person	165
<i>MoSP Clinical Module</i>	In-person	119
<i>MoSP Executive Overview</i>	In-person	44

Child Welfare Service Employee Licensing: Illinois Administrative Rule 412 requires all DCFS and POS direct service caseworkers, investigators, and foster-home licensing workers hold a Child Welfare Employee Licensure (CWEL). In order to meet the requirements for licensure, the individual must meet the following requirements:

- 1) One must have applied in writing on the prescribed form and not provided false information;
- 2) One must complete a background check completed in accordance with 89 Ill. Adm. Code 385 (Background Checks), have no pending or indicated reports of child abuse or neglect, and no pending or criminal charge that is a bar to employment under Section 4.2 of the Child Care Act. Any other conviction or pending criminal action will be assessed according to Section 4.2 of the Child Care Act and 89 Ill. Adm. Code 385;
- 3) One must be a graduate of an accredited college or university with a minimum of a bachelor's degree or provide documentation of foreign equivalency, as determined by the Council for Higher Education Accreditation, One DuPont Circle NW, Suite 510, Washington DC 20036, of a minimum of a bachelor's degree from a college or university outside of the United States;
- 4) One must have completed a prescribed Department pre-service training prior to the prescribed licensing examination;
- 5) One must have passed the examination to practice as a direct child welfare service employee as authorized by the Department (a score of at least 70% is required to pass the examination);

Illinois Department of Children and Family Services  
2015-2019 Final Report

- 6) One must not be delinquent in paying a child support order as specified in Section 10-65 of the Illinois Administrative Procedure Act;
- 7) One must not be in default of an educational loan in accordance with Section 2 of the Educational Loan Default Act;
- 8) One must not pose a possible danger to State resources or clients;
- 9) One must be engaged in conduct as described in Section 412.50;
- 10) One must not have relinquished his or her license during a licensure investigation or after the commencement of a licensure hearing, or had his or her license revoked after the commencement of a licensure hearing. An applicant who has had his or her license revoked or relinquished under these circumstances must first go through the reinstatement process and shall file a new application and comply with other qualifications in this subsection (b); and,
- 11) One must hold a valid driver's license and have not been convicted of two or more moving traffic violations under the Illinois Motor Vehicle Code [625 ILCS 5], and not been convicted of driving under the influence of alcohol or other drugs within the year prior to application for licensure.

Under Rule 412, CWELs may be suspended or revoked for a violation of the Rule. The table below represents the number of CWEL actions from July 1, 2018 – April 1, 2019

CWEL Approvals	150
Complaints	18
Suspensions, Revocations, Reinstatements	6

In-Service (Continuing) Education and Training: Under the Children and Family Services Act (20 ILCS 505/21, all caseworkers, investigators, and their supervisors are required to be certified in their positions by completing mandatory pre-service training and testing. The Department is mandated to provide in-service training and education programs for all direct-service caseworkers, child protection workers, direct-service supervisors, and foster parents in order to maintain their certification. Department caseworkers, investigators, and supervisors are required to obtain 20 hours of in-service training credit every 2 years to maintain certification.

The Office of Learning and Professional Development has not tracked this information since February 2, 2010 when the previous Associate Director instructed staff to cease tracking this information. Every staff person and their supervisor have access to their training transcripts. Each transcript includes a certification start date, an end date and the number of training hours each person has completed. It is expected that each staff person and supervisor monitor the status of their in-service requirement. This applies to both DCFS and POS.

Most POS agencies have their own internal trainings specific to their agency's Mission and Vision. This is not tracked by the Office of Learning Professional Development. When DCFS or an

Illinois Department of Children and Family Services  
2015-2019 Final Report

agency offers a course that requires DCFS credit or CEU's, the OPD has a prescribed set of criteria that must be followed in order for credit to be given.

It should be noted that pre-service training, specialty training and testing and licensure apply to all DCFS or Private Agency Caseworkers who have primary case responsibility, their supervisors and to any licensing staff who license foster homes for youth in care. Child Care Institutions/Group Homes/Transitional Living programs are managed by private agencies and they do not have primary case responsibility. Rule 403 Licensing Standards for Group Homes, Rule 404 Licensing Standards for Child Care Institutions (CCI) and Maternity Centers and Rule 409 Licensing Standards for Youth Transitional Living Programs all require the Licensed Agency to have an organized in-service training program to train their staff to meet the needs of the children in their care. Historically, there have been some specific required training for CCI staff (Human Trafficking, Trauma 201) and these were provided by OLPD. Upon request, the Office of Learning and Professional Development would work with any agency who requested assistance with their training program. Private Agency Training is monitored by the Agency Performance Team and Licensing.

### Foster Parent Training:

The Office of Learning and Professional Development has developed a training program for prospective and currently serving foster parents, including both classroom and on-line options to better meet the needs of those willing to perform this vital role in the child welfare system. PRIDE (Parent Resources for Information, Development, and Education) trainings compose the base from which our foster and adoptive parents can continue their learning and growth for the wellbeing of the youth for which their care. The charts below give further information about foster and adoptive parent training.

**PRIDE Pre-Service Classroom Trainings FY19 (up to 4-1-19)**

Numbers of:	Q1	Q2	Q3	Total
classes	516	446	430	1392
participants enrolled	4610	5026	4766	14,402
participants completing training	2885	3012	3135	9,032
participants rescheduled	849	808	667	2324
participants cancelled	285	407	376	1066
dropped	20	89	37	146
No-shows	571	710	553	1834

**Comparison of Online and Classroom PRIDE Trainings FY19 (to 4-1-19)**

Numbers of:	Online Training	Classroom Training
classes held	8	810
participants enrolled	1253	9028
completing training	947	6093
% completing training	76%	68%

Illinois Department of Children and Family Services  
2015-2019 Final Report

These are the PRIDE Trainings by course:

**PRIDE Trainings FY19 (up to 4-1-19)**

Course Name	Enrolled	Completed	% Completed	Rescheduled	Cancelled	No Show
Adoption Certification	447	285	64%	57	56	46
Caring for Children Who Have Experienced Trauma	611	362	59%	76	85	88
Educational Advocacy	1101	748	68%	107	98	135
Emergency Foster Care	24	24	100%	0	0	0
HMR PRIDE	30	19	63%	3	0	8
Using Discipline to Protect, Nurture and Meet Developmental Needs	92	43	47%	16	2	31
The Sexual Development of Children and Responding to Child Sexual Abuse	3	3	100%	0	0	0
PRIDE Pre-Service Supplemental	2806	1243	44%	828	175	537
PRIDE Sessions 1-9	9028	6093	68%	1232	649	947
Promoting Healthy Sexual Development and Pregnancy Prevention	10	8	80%	0	0	2
Spanish Adoption Certification	15	12	80%	3	0	0
Spanish PRIDE Supplemental	114	86	75%	0	0	28
Spanish PRIDE Pre-Service	46	38	82%	1	0	2

### University Partnerships:

University Partnerships Program: The Office of Learning Professional Development has established partnerships with 13 undergraduate and/or graduate schools of Social Work or schools of Family and Consumer Sciences in Illinois. Through these partnerships, the universities offer the DCFS Foundations for Placement course as part of their child welfare curriculum. The students in these undergraduate and graduate programs are highly recommended to complete all requirements for the Child Welfare Employee License while they are students at the university, including taking required exams. Upon graduation, completion of the coursework, and testing, those students who have met all the requirements are eligible to receive the Child Welfare Employee License (CWEL) as long as they successfully complete the necessary steps to send the needed information to the CWEL Division.

This program benefits the Department and Purchase-of-Service (POS) agencies in that it creates a pool of licensed candidates for employment who are job ready, thus saving the employer the time and expense of sending the new employee to training. It benefits the student in that obtaining a CWEL, they become a more attractive candidate for employment. Finally, it benefits the universities by making them more attractive to students interested in the field of child welfare.

The universities currently (or about to) offering Foundations for Placement in their curriculum are as follows:

- Aurora University

Illinois Department of Children and Family Services  
2015-2019 Final Report

- Dominican University
- Illinois State University
- Loyola University
- Northeastern Illinois University
- University of Illinois at Chicago
- University of Illinois at Urbana-Champaign
- Northern Illinois University
- Lewis University
- St. Francis University
- Governors State University
- St. Augustine University
- University of Illinois at Springfield

In FY 19, 104 students were enrolled in the programs offered by the universities. There is no financial support given to either the students or the University for their participation in the program.

The goal for the program is to create more opportunities for students seeking to obtain a career in child welfare by partnering with other universities and colleges to implement the program. Also, the program would like to find a way to create alignment with those who successfully complete the program who are interested in working for the Department.

### **Internships:**

Academic Internship Program: In collaboration with the Office of Employee Services Recruitment Program, the OLPD operates the DCFS Academic Internship Program. For FY 19 to date, 75 student interns have been placed in internships within the Department. Students are required to do the following:

- Complete an application
- Criminal and child abuse and neglect background checks
- An interview

Once approved for the internship, students:

- Are matched with a supervisor who works in the student's area of interest
- Must complete a learning plan with their supervisor in conjunction with the University
- Are evaluated based on meeting university requirements for the internship

## Research Partners

**University of Illinois at Urbana-Champaign  
School of Social Work  
Children and Family Research Center (CFRC)**

**Project 1: Child Endangerment Risk Assessment Protocol (CERAP) Evaluation.** CERAP is a safety assessment protocol used in child protection investigations and child welfare services in Illinois. This protocol has been developed to provide caseworkers with a mechanism for quickly assessing the potential for moderate to severe harm to a child and for taking quick action to assure his or her safety. Caseworkers are able to utilize this protocol at specified time frames or milestones to 1) determine the safety of a child and 2) decide on appropriate actions if a child is deemed unsafe. Since 1997, CFRC has conducted annual evaluations to assess the reliability and validity of the CERAP. In the recent years, due to an increased scrutiny of the safety of children served in intact family cases, the CERAP evaluations have focused on caseworker compliance with safety assessment procedures among intact family cases. To continue this effort, the FY2019 CERAP evaluation focused on one of the intact family case milestones (i.e., “whenever evidence or circumstances suggest that a child’s safety may be in jeopardy”), not addressed in previous evaluations, and described the characteristics of the intact family cases associated with this particular milestone. The findings from our analyses were shared with the statewide CERAP advisory committee and specific recommendations were made.

**Project 2: Illinois Child Death Review Teams Annual Evaluation.** As a part of the national movement to reduce preventable child deaths, Illinois established regional Child Death Review Teams (CDRTs) in 1996. These multi-disciplinary teams meet quarterly to review the circumstances surrounding certain child deaths to gain a better understanding of the causes and to make recommendations to the Department of Children and Family Services (DCFS). Illinois DCFS, the CDRT Executive Council, and the Children and Family Research Center (CFRC) at the University of Illinois at Urbana-Champaign collaborate to produce the Annual Report on Child Deaths in hopes of preventing future child injuries and deaths. Reviews by the CDRTs are mandated if a child’s family was involved with DCFS within a year prior to the child’s death, but reviews may also be conducted at the CDRTs discretion. The CDRTs examine if the circumstances of a child’s death were preventable through reasonable means, and if so, recommendations are sent to the DCFS Director who must review and reply to each recommendation within 90 days. The annual report presents information on the CDRT process, CDRT recommendations, DCFS responses, and examines both total child deaths and reviewed child deaths by child age, gender, and race, as well as by the manner and category of death (e.g., premature birth, illness, firearms, suffocation, vehicular accidents, injuries, drowning, fire, poisoning, Sudden Infant Death Syndrome, etc.).

**Project 3: Illinois Child Well-Being Study (IL-CWB).** The 2017 IL-CWB is a study of the well-being of children and youth in the care of the Illinois Department of Children and Family Services (DCFS) in 2017. The study sampled 700 children who were listed as in care in DCFS’ SACWIS client information system on October 23, 2017 and interviewed caseworkers, caregivers and children (age seven and older) themselves. In FY2019, the Children and Family Research Center received data files for the study from the Survey Research Laboratory of the University of Illinois at Urbana-Champaign (which conducted the interviews), analyzed the data, and produced a comprehensive report on the well-being of Illinois children and youth in out-of-home care. Separate chapters presented findings on child development, physical health, emotional and behavioral health, education, child safety, children’s experience of out-of-home care and

resilience. Majorities of children were functioning well and had good outcomes, but, in each domain, substantial percentages of children had difficulties that required intervention. Many children were receiving ameliorative services, but gaps remained. In the Conclusion to the report, CFRC recommended additional use of the well-being data to advocate for children's needs, to assess implementation of DCFS policy, to inform system improvement efforts, and to guide future research. CFRC has also begun planning to enhance the well-being data set by adding data from school records obtainable from the Illinois State Board of Education, and plans a dedicated, in-depth report in FY2020 on children's education.

**Project 4: Evaluation of the Child Protection Training Academy.** In FY2019, the CFRC continued to examine the implementation and outcomes of simulation training at the Child Protection Training Academy (CPTA) at the University of Illinois at Springfield. Early in FY2019, the CPTA made significant changes of their training model and implemented it from August 20 2018. Dr. Chiu conducted an observational study of the new training model in December 2018. In addition, CFRC designed the Daily Experience of Simulation Training (DEST) to examine trainees' experience of change over the course of simulation training. During the week of simulation training, trainees rated their confidence daily on a scale of child protection work skills. DCFS provided the evaluation team with updated data of post training survey data between February 2016 and April 2019. The analysis concerning post training survey focuses on trainees' satisfaction rating on simulation training and its comparison with satisfaction ratings of classroom training and overall program. Also, CFRC conducted an analysis of DCFS employment data to examine whether DCFS investigators who have received simulation training tend to remain in their jobs longer than DCFS investigators who did not receive simulation training. Simple statistical comparisons as well as a more sophisticated method called survival analysis were conducted to compare investigators who started Foundation Training after February 2016 (this group received simulation training) to investigators who started Foundation training before February 2016 (this group did not receive simulation training).

**Project 5: B.H. Monitoring Report and Data Analysis.** CFRC compiled a comprehensive report that describes over 40 child welfare indicators related to child safety, placement stability, family continuity, and permanence. For each indicator, data are presented for the state, followed by breakdowns by DCFS administrative region, child gender, age, and race. The data used to compute these indicators come from two Illinois DCFS data systems: the Statewide Automated Child Welfare Information System (SACWIS) and the Child and Youth Centered Information System (CYCIS).

The FY2019 *B.H.* monitoring report uses both SACWIS and CYCIS data through December 31, 2018 to describe the conditions of children in or at risk of foster care in Illinois. Following an introductory chapter, the first chapter on Child Safety examines if children are kept safe from additional maltreatment after they have been involved in a child protective services (CPS) investigation. Rates of maltreatment are examined among several different groups of children: 1) all children with substantiated reports during the fiscal year, 2) children served in intact family cases, 3) children who do not receive post-investigation services, and 4) children in substitute care. The second chapter, Family Continuity, Placement Stability, and Length of Time in Care, examines the experiences of children from the time they enter substitute care until the time they exit the child welfare system and is organized into three sections: 1) Family Continuity, 2) Placement Stability, and 3) Length of Time in Substitute Care. The third chapter examines Legal Permanence: Reunification, Adoption and Guardianship with in-depth analyses of each of these three exit types. In addition, this chapter includes the CFSR permanency indicators, which examine the combined percentages of children who exit to all types of permanence. Moreover, the FY2019 report has a fourth chapter examining racial disproportionality in the Illinois child

welfare system at five critical decision points over the past seven years. Racial disproportionality refers to the over- or under-representation of a racial group in the child welfare system compared to their representation in a base population and is often calculated as a Racial Disproportionality Index or RDI. Chapter four analyzes the reports the two commonly-used methods of RDI, the “absolute RDI” and the “relative RDI.” The fifth chapter of FY2019 presents initial results from the 2017 Illinois Study of Child Well-Being. The study responds to an order to conduct a well-being study from Judge Jorge L. Alonso, the presiding judge in the *B.H.* consent decree that governs child welfare services in Illinois. The chapter provides a summary of the initial report describing children’s development, physical health, mental health, and other domains of well-being for children in traditional foster care, specialized foster care, kinship care, and residential treatment and group homes.

**Project 6: Foster Care Utilization Review Program.** The Foster Care Utilization Review Program (FCURP) is a unit within the Children and Family Research Center at the School of Social Work, University of Illinois at Urbana-Champaign dedicated to providing project management, quality improvement support, training, and technical assistance to the Illinois Department of Children and Family Services (DCFS) and its private sector partners.

FCURP is contracted by DCFS and works in collaboration with the DCFS Office of Quality Enhancement (OQE) on all projects. FCURP was established in 1998 by then-DCFS Director Jess McDonald to conduct independent utilization reviews of private child welfare programs and DCFS teams. FCURP subsequently took on the responsibility of implementing the DCFS statewide preparation for the 2003 first round of the Child and Family Services Review (CFSR). FCURP has since played a key role in the state’s participation in the second and third rounds of CFSRs, the Illinois CFSR Program Improvement Plans (PIP), and other statewide Continuous Quality Improvement (CQI)-related activities. During the 2020-2024 CFSP period, FCURP expects to support DCFS in the following ways:

- Continue supporting the state as it responds to findings from the CFSR 3 in 2018 and develops its PIP (in partnership with DCFS and Chapin Hall, develop and finalize the state’s CFSR PIP Measurement Plan; provide technical assistance as requested in the development of the CFSR PIP itself);
- Continue to support DCFS in the management and roll-out of the OER Plus. This will include establishing the state’s CFSR Baseline in 2019, and conducting annual reviews thereafter (and throughout the CFSR PIP Period, lasting several years) to assist the state in identifying progress toward established CFSR PIP Goals;
- Generate data reports for the intervening Annual Progress and Service Reports (APSRs) and the next federal Child and Family Services Plan (CFSP);
- Support the state in the development and implementation of a statewide CQI plan and process;
- Participate in DCFS-led workgroups, for example Family First workgroups; Workforce Retention (data analysis and report writing); CCWIS Feasibility Study (ensure CQI and federal reporting needs are represented); and P315 Child and Family Team (CFTM) revisions (support revisions to P315 that reflect the new CFTM model being implemented in the state);
- Continue to actively support DCFS in the achievement of its priorities;
- Provide technical assistance to support POS partners and DCFS, as requested;
- Participate in the CQI Community, and support the annual CQI Conferences in Illinois;
- Participate in and complete additional qualitative reviews/projects as requested.

**Project 7: Illinois Child Welfare Outcomes Data Center.** The Data Center on the CFRC website contains four sections: Outcome Indicator tables, CFSR Tables, Outcome Charts, and Population Data. The “Outcome Indicator Tables” include all the tables in relation to the annual *B.H.* Monitoring Report and additional tables of each region, sub-region, and county. The “CFSR Tables” provides information of the federal CFSR outcome indicators reported in the annual *B.H.* Monitoring Report. The “Outcome Charts” features a subset of our child welfare outcome indicators, along with key metrics on child welfare reporting in Illinois. The data is displayed as either line- or bar-graphs, with Fiscal Year on the x-axis and presented in an interactive visualization manner. The “Population Data” displays the statistics of child reports, family reports, substantiation rates, allegation groups, and substantiated allegation groups of each county. This section also provides users with interactive and animated infographics. The annual updates of the Data Center using both SACWIS and CYCIS data through December 31, 2018 will be published by the end of FY2019.

**University of Illinois at Chicago  
Jane Addams College of Social Work  
Child Welfare Research Collaborative (CWRC)**

Services provided under this contract include research, evaluation, and data analysis in support of improved system-level performance, management decision-making, and client outcomes, including stabilization of foster care placements, facilitating youth development, and ensuring the safety, permanency and well-being of children.

The three research activities in which the CWRC is currently engaged support DCFS’s goal to provide appropriate, effective services to adolescents in foster care with complex needs to better support placement stability and permanency. In FY18, CWRC participated in data collection and analyses, and provided reports to DCFS for a summative evaluation of the Discharge-Clinical Intervention for Placement Preservation (D-CIPP) program. D-CIPP is a facilitator-guided team planning process with the youth, permanency worker, caregiver, family and other stakeholders to help identify the youth’s adult connections/relationships and determine the array and intensity of supports and services needed to assist the youth in planning for a successful emancipation, and can take place at several points throughout the older youth’s case. The three related projects are:

**Project 1: Barriers to Goal Attainment for Youth 19 and Older.** While satisfaction with the D-CIPP meeting process was very high, reports of low service and goal attainment after the D-CIPP for a proportion of youth is concerning. Three months after the meeting, 25% of youth reported not having received any of the services planned, and 37% reported receiving just some of the services. Case managers reported no progress towards goals for 17% of youth at post-test, and some progress for 47% of youth. The reasons for lack of progress in obtaining services and meeting goals is unclear. Understanding the specific factors related to both positive and negative case outcomes, particularly gaps in the service system and follow-through supports, is critical to building a responsive, effective service system for youth with a high level of needs. Project 1 will address this question through analysis of survey data collected from youth, caregivers and caseworkers focused on factors potentially related to variation in these outcomes. This study will identify 1) deficits in the service system undermining progress for vulnerable older youth; and 2) specific types and intensity of supports and services that are related to positive youth outcomes.

**Project 2: Evidence-based Services for Successful Discharge: Identification and Service System Analysis.** D-CIPP preliminary findings support the program's success in engaging youth and key stakeholders in a planning process that is viewed positively. Follow up data for the program several months after the meeting, however, indicate difficulties with making progress for a proportion of the youth and somewhat less positive views of the impact of the meeting. A question not addressed by the pilot D-CIPP study that is of interest to program administrators relates to the content of the specific services or programs provided during the meeting process: What is the empirical support for the effectiveness of different types of services? What types of programs are most likely to succeed in engagement of youth and addressing specific needs? This project will provide an understanding of the potential for programs and services with specific characteristics to meet the educational, mental health, job skills and housing needs of older youth.

**Project 3: Countdown to 21 Analysis and Description.** Countdown to 21 supports successful transition to independence through interconnected programs, including the D-CIPP meeting process at age 19, financial literacy training, completion of a youth-driven transition plan, and a D-CIPP meeting to review the transition plan and budget at age 20, 90 days before emancipation from care. CWRC will support the development and dissemination of the Countdown to 21 model by providing a synthesis of the literature supporting the Countdown program components and data support. Data support tasks may include an analysis of existing financial literacy training data, integration of additional financial literacy measures into the D-CIPP evaluation, and historical analysis of outcomes across time as the program has been implemented.

During the upcoming fiscal year CWRC will:

- Provide reports for each of the three projects
- Present results to DCFS
- Prepare summaries, publications and other materials as needed for distribution to staff

## **Chapin Hall**

### Systemic Review of Critical Incidents in Intact Family Services

Chapin Hall at the University of Illinois at Chicago will apply a comprehensive, multi-disciplinary systems approach to reviewing critical incidents in Intact Family Services grounded in Safety Science with a focus on ensuring the well-being of children in the program. The review process recognizes the inherent complexity of child welfare work, acknowledges that staff decisions alone are rarely direct causal factors in critical incidents, and provides a safe and supportive environment for child welfare professionals to process, share and learn. (Commission to Eliminate Child Abuse and Neglect Fatalities, 2016; National Center for Fatality Review and Prevention, 2018).

Drawing from other industries which use similar reviews for low probability and high impact events, the review will examine the contributions of people, processes and systems in beginning to evaluate the program. The approach will integrate information from multiple data sources, including record review, semi-structured interviews, and business process maps.

## **Chapter 6 – Consultation and Coordination Between States and Tribes**

The Department's Indian Child Welfare Advocacy (ICWA) Program is part of the Office of Affirmative Action and was developed to serve Native American/Alaskan Native children, and their immediate and extended family members to ensure compliance with the Indian Child Welfare Act in child welfare proceedings. ICWA does not apply to divorce proceedings, intra-family disputes or juvenile delinquency proceedings. Below are the Accomplishments and Goals of the ICWA Program for 2015-2019.

During the reporting period, the ICWA Advocacy Program corresponded with the Bureau of Indian Affairs offices in Minnesota and Alaska, as well as any of the more than 400 authorized Tribes and Tribal agents identified in a designated list published by the U.S. Department of Interior, Bureau of Indian Affairs, as determined by the Native American ancestry claims made by families and children we serve in Illinois. If the verification/inquiry process results in a Tribe confirming that a child is Native American, our ICWA staff works closely with the DCFS case worker/supervisor and Tribe to ensure culturally competent services for the child and family, as well as facilitate communication with the Tribe while the Tribe determines what option to exercise in the case.

The Department updated its Rule and Procedure 307 (Indian Child Welfare Services) to promote timely identification and consultation with tribes. It completed its third revision during the period. DCFS ICWA Program Specialists serve as liaisons between the court system, child's case work team, and tribal representatives.

- They provide technical assistance to child welfare staff, agencies, and the court system to ensure ICWA compliance throughout the pendency of the child welfare case.
- They participated in the drafting of Cook County Juvenile Court ICWA orders.
- Efficient Indian Child Welfare Intake and Referral form developed.

The Department convened a group of Native American /Alaskan Indian Native community leaders throughout the state to enlist their participation on the Illinois Indian Child Welfare Advocacy (IICWA) Council to obtain guidance on matters involving, affecting and improving the provision of child welfare services to Native American /Alaskan Indian Native children and their families and support efforts to recruit Native American /Alaskan Indian Native foster homes.

Tribes that become a party to an Illinois child welfare case have participated telephonically for court proceedings (telephone communication is encouraged due to proximity issues, as all federally recognized tribes are outside Illinois state lines).

Tribes participate in the service plan creation and implementation, for ICWA compliance purposes.

The ICWA training is provided to educate child welfare professionals, mental health professionals, legal staff, and members of the Native American /Alaskan Indian Native community about the Indian Child Welfare Act. An ICWA webinar presentation is available to child welfare professionals, attorneys, judges and community members statewide

In Procedure 307 and the ICWAP webinar, once an Indian child is identified as Indian and ICWA applies; the assigned worker shall go back into the IDCFS statewide system to include, primary

Illinois Department of Children and Family Services  
2015-2019 Final Report

race, as Native American/Alaskan Indian. This will allow the Department to better document the number of Native American/Alaskan Indian in the SACWIS system.

Mandated ICWA job readiness training for all child welfare staff was implemented.

The ICWA Program was added to the Office of Affirmative Action's website on the Department's Internal and External website, The ICWA Program section includes extensive links to other resources within the Native American /Alaskan Native community throughout the State, including contact information for prospective Native American/Alaskan Native foster parents.

- Training is provided to IDCFS licensed foster parents and community members on ICWA, its history, and relevance to the child welfare and Native American Indian community.
- Supplemental support is provided in the verification process of whether an Indian child is an enrolled member or is eligible members.
- Refine identification and confirmation of children eligible for enrollment in a recognize Tribe.
- Initiate, maintain, and cultivate connections with the identified tribes of the child and families involved.

Non-Native foster parents are encouraged to work with the Indian family actively to re-unify, the Indian family, if safe and appropriate.

Native American/Alaskan Indian culturally appropriate activities are provided to foster families with an Indian child via email and at staffings or meetings or court regarding the well-being of the Indian child.

Culturally appropriate services are provided to the Indian family when assistance is requested and depending on the needs of the family.

Resources and Recruitment Specialists work closely ICWA staff and attend the Illinois Indian Child Welfare Act Council meetings.

The ICWA Program consults with Resources and Recruitment Specialists continue to assist with the development of Native American foster homes through the following:

- They continue working with a group of Native American /Alaskan Native community leaders throughout the state to enlist their participation on the Illinois Indian Child Welfare Act (ICWA) Council to obtain guidance on matters involving or affecting the provision of child welfare services to American Indian/Alaskan Native children and their families and support efforts to recruit Native American Indian foster homes.
- Developed and maintain contacts with National ICWA organizations and federally recognized tribes to engage appropriate Qualified Expert Witnesses required for consultation in determining the best interests of an Indian child[ren] and permanency for that child[ren].
- Collaborate with Child Protection Courts regarding improving the practices surrounding the implementation of ICWA rules and guidelines.
- Continue to collaborate with Native American/Alaskan Native programs within the State including Chicago Public School's Native American Title VII Program, the American Indian Center, American Indian Health Services, American Indian Association of Illinois, Kateri Center of Chicago-American Indian Ministry of the Archdiocese of Chicago.
- The program's foster care recruitment brochure was completed and has been distributed to Native American/Alaskan Native community organizations and agencies throughout the

Illinois Department of Children and Family Services  
2015-2019 Final Report

Chicago area for further distribution into the community. The brochure is available and circulated during community outreach activities throughout the year.

- Initiate inquiry with federally recognized tribes identified by the family to determine membership enrollment and/or eligibility options.
- Initiating, maintaining, and cultivating connections with the identified tribes of the child[ren] and families involved.
- Attending child and family meetings (including any clinical staffings), ACRs, and any case related meetings, including court hearings and legal and or clinical staffings.
- Providing training to IDCFS licensed foster parents and community members on ICWA, its history, and relevance to the child welfare and Native American Indian community. Getting verification and confirmation.

The Department has made a concerted effort to contact the tribes and include them in all aspects of the case by making several phone calls and emails to the tribes to remind them of the court dates and meetings with and regarding the family. The Department also assist in having the Indian child enrolled with the tribe by providing birth certificates and in cases when there is a termination, to include language in the adoption order that would allow the adoptive parents to enroll the child with their respective tribe. The Department has also requests the placement preferences of the tribes and follows those preferences as the case allows.

#### FY 2019 Accomplishments

- Provided supplemental support in the verification process of whether an Indian child is an enrolled member or is eligible for membership in a Tribe.
- Refined identification and confirmation of children eligible for enrollment in a recognized Tribe.
- Initiated, maintained, and cultivated connections with the identified tribes of the child and families involved with child welfare agencies.
- Provided technical assistance to child welfare staff, agencies, and the court system to ensure ICWA compliance throughout the pendency of child welfare cases.
- For this fiscal year, DCFS has 7 cases and a total of 11 children verified in the child welfare system who are identified as Indian/Native children base on their tribe's verification.
- The ICWA program office handled 455 intakes from May 2018 to April 2019.
- At this time, DCFS has only 2 foster homes identified as Indian/Native American.

## Chapter 7 – Monthly Caseworker Visit Formula

### Caseworker Visits

Monthly compliance reporting by caseworkers and teams is provided through SACWIS and the Performance Monitoring Data Site. This site provides information at the agency level and case level which allows the Department as well as DCFS/POS supervisors and managers to identify and monitor the extent of and need for caseworker visit activity. As a result of these efforts DCFS has achieved the following:

#### Monthly Caseworker/Child Visits Report Past 5 Fiscal Years

FFY	Number of Cases	# Months Visits Occurred	# Months Visits Required	# Months Visits Occurred in Residence	% Monthly Contact	% Occurred in Residence
2018	18,211	150,936	158,622	146,225	95	97
2017	17,772	151,837	159,385	147,095	95	97
2016	17,959	157,618	164,915	152,378	96	97
2015	18,839	162,472	172,770	156,594	94	96
2014	18,782	166,136	175,251	159,901	95	96

Departmental Procedures 315 Permanency Planning addresses worker interventions and contacts made during the delivery of child welfare services. Specifically, section 315.110b)2) requires that the assigned caseworker shall visit a child in substitute care in the child's living arrangement at least once every two weeks for the first month immediately following initial placement or change in placement; and at least once every month thereafter, unless the supervisor, based on the assessment, determines and documents in the service plan that the service plan requires more frequent or less frequent contact.

Workers are required to focus on these discussion and observation points during their visits with children in care:

- safety (verbal children must be interviewed outside of the presence of their caretaker),
- progress in care,
- needs being met,
- physical observation of safety and well-being,
- school success or daycare provision,
- visitation with parents and siblings if siblings are placed separately, and
- mental and physical health needs.

At this time, DCFS is working on the Illinois Program Improvement Plan, which will affect and improve the quality of caseworker visits.

## Chapter 8 – Adoption and Legal Guardianship Incentive Payments

**Adoption and Legal Guardianship Incentive Payments (AIPP):** The Department previously had not received an Adoption Incentive Payment since FFY10. The large number of children in placement in the mid-1990s enabled the Department to achieve a significant number of adoptions in those earlier years and the resulting adoption incentive awards to the Department were therefore substantial. However, with the decrease in the foster care population to one third the number of children in care during those peak years, even fairly high percentage rates of adoption did not result in recent incentive awards. With a change in regulations which create a modified program of Adoption and Legal Guardianship Incentive payments, the situation is now different and the Department may again find encouragement for improved performance through fiscal incentives. For FFY14, half of the incentives were calculated on a 2007 base (prior methodology) and the second half calculated using the new methodology.

The Department did receive an award for FFY14 performance in FFY15 totaling \$2,761,500 (please note that due to some corrections needed to AFCARS data, the final FFY14 award was not actually received until FFY16 but is still labeled as a FFY15 grant award). Beginning in FFY15 and forward, the incentive is calculated based solely on the new methodology. Since FFY14, the Department has received the following awards:

- FFY15 \$2,761,500
- FFY16 \$1,017,500
- FFY17 \$1,082,000
- FFY18 \$3,598,500
- Total \$8,459,500

Regarding permissible uses of AIPP funds: Title IV-E agencies receiving adoption and legal guardianship incentive awards must spend the funds for services (including post-adoption services) and activities allowable under titles IV-B and title IV-E of the Act. Incentive funds expended by the title IV-E agency may not be used as non-federal (i.e., state, local, or tribal) matching funds for federal financial participation. Payments must be used to supplement and not supplant federal or non-federal funds for services under title IV-B or IV-E. The Department has elected to use the AIPP funds to expand existing adoption preservation and permanency improvement services. Using fiscal year 2014 as a base, the Department on average increased adoption preservation services expenditures by 24% in fiscal years 2015 to 2018 and increased family preservation services by 10% during that same time period. The additional investment in preservation services amounted to more than \$4.8 million more expended in each of those four fiscal years. And, additional future expansion has or is being planned as noted below.

In fiscal years 2019 and 2020:

- Adoption Support and Preservation (ASAP) has been increased \$1.85M.
- Respite programs tied to ASAP have been increased \$615,000.
- Training in this area is increasing \$225,000.
- Adoption listing services which will also assist families who wish to adopt in the licensing process across the state. Increase is \$565,000. And,
- The Family Matters program helps with educational advocacy for adoption and guardianship cases; assists with death and incapacitated subsidy cases to transition back

Illinois Department of Children and Family Services  
2015-2019 Final Report

into permanent placements; act as a liaison with the court system, and other legal matters for adoption and guardianship cases. Total increase is \$577,000.

Other plans for increases include therapeutic day care and additional therapists and psychologists to work on higher end cases. These additional investments are planned to be sustained in fiscal years 2021 through 2024. All additional spending will supplement and not supplant previous Department spending in these areas.

**Title IV-E Adoption Assistance Program Savings Reporting:** As a Title IV-E agency, the Department is now required to calculate and report annually the savings from the agency de-linking of Title IV-E adoption assistance eligibility from the Aid to Families with Dependent Children (AFDC) eligibility requirements, the methodology used to calculate the savings, how savings are spent, and on what services. The Department uses the actual case identification methodology specified by the Secretary of the Department of Health and Human Services. The Department must spend the savings on Title IV-B and IV-E programs; 30% of which must be spent on post-adoption services, post-guardianship services and services to support positive permanent outcomes for children at risk of entering foster care. Two-thirds of the 30% must be spent on post-adoption and post-guardianship services. In addition, the Department must use the savings to supplement and not supplant any Federal or non-Federal funds used to provide any service under Title IV-B or IV-E. The Department calculated \$4,653,648 in FFY18 Applicable Child Savings - Maintenance, and \$1,222,353 in Applicable Child Savings – Administration, for a total of \$5,876,001. A minimum 20% must be spent on Adoption Preservation Services (\$1,175,200) and up to 10% (\$587,600) can be spent on post-adoption services, post-guardianship services or services to support positive permanent outcomes for children at risk of entering foster care. DCFS met this requirement spending \$1,628,691 on Adoption Preservation Services and \$134,111 on foster care prevention services. The final report showing the entire \$5,876,001 was fully expended in FFY 2018 for qualifying purposes, was submitted by the October 30, 2018 due date. In the FFY18 submission of the CB-496 Part 4 (Annual Adoption Savings Calculation and Accounting Report), the Department recognized and expended cumulative savings from FFY 15 through FFY 18 of \$19,223,243, (please note that there will be some minor retroactive adjustments impacting FFY 2015 and FFY 2016 savings calculations).

## Chapter 9 – Child Welfare Demonstration Activities

### Alcohol and Other Drug Abuse Title IV-E Waiver

The Alcohol and other Drug Abuse (AODA) portion of the DCFS IV-E Waiver project continued to operate in the previous reporting period. During this reporting period (2015-2019) the Department's three existing waiver demonstrations were combined in to a single waiver. Each component; Birth to Three, Alcohol and other Drug Abuse, and Immersion Sites were evaluated separately. The AODA component of the waiver continued to operate in Cook, Madison and St. Clair Counties and families continued to be randomly assigned to either a control or experimental group. Eligible parents in control group families received a substance abuse assessment and were referred to treatment at a substance use provider licensed by the Illinois Department of Human Services. Parents in experimental group families received these services and were also assigned a Recovery Coach who worked with the family, child welfare caseworker, and treatment provider. The Recovery Coaches engage parents in treatment, coordinate the parent's substance use treatment, re-engage parents when needed, and report to the caseworker and the court on the parent's progress in treatment.

#### Overview of the Goals

The AODA waiver application included the outcome goals listed below. The goals were tracked, measured, and reported on by the project's independent evaluators from the School of Social Work at the University of Michigan.

1. Are parents in the demonstration group more likely to access and complete AODA treatment?
2. Are children in the demonstration group more likely to be safely reunified with their parents?
3. Do children in the demonstration group spend less time in foster care?
4. Are families in the demonstration group less likely to experience subsequent maltreatment?
5. In looking at broader measures of child well-being, are children in the demonstration group less likely to have contact with the juvenile justice system?
6. Is the Waiver demonstration cost neutral?

How Goals Were Attained:

#### Data to Support Statements

A summary of the evaluation findings is provided below:

- The addition of a mobile assessment unit led to a brief increase in parent screening, an increase in the number of parents eligible for waivers, and a decrease in the time between temporary custody and screening.
- Children associated with the demonstration group were significantly more likely to achieve reunification.
- Children associated with the demonstration group achieved reunification more quickly than children in the control group.
- Children in the demonstration group took, on average, 4.0 fewer months to achieve reunification, compared to children in the control group.
- There was no difference in exits to adoption or time to adoption

Illinois Department of Children and Family Services  
2015-2019 Final Report

- There was no difference on rates of recurrence of maltreatment
- There was no difference on the rate of re-entry to foster care
- The above two indicators confirm that children in the demonstration group were not prematurely returned home to conditions that compromised safety.
- The use of recovery coaches eliminated racial disparities in family reunification, likely due to the comprehensive assessment and the provision of specialized services that help to address unique family needs and eliminate biases that may impact reunification decisions.
- Improved reunification outcomes are limited to families quickly assessed and connected with services, indicating that innovative services (like the recovery coach) are effective in improving family reunification - but only when delivered in a timely manner.

Data tables and additional explanation of the outcomes are available in the Waiver evaluation report submitted to the Children's Bureau in 2018.

#### Other Important Findings from the Demonstration Project

In addition to the primary outcome findings related to safety and permanency, a number of other important discoveries were made related to subsequent substance exposed infants, re-entry, drugs of choice over time, risk of delinquency for adolescent children, and the timing of assessment and services. In total, 17 peer reviewed publications were generated from the AODA component of the waiver demonstration. Additional discussion of three significant findings are highlighted below: re-entry into foster care, timing of the intervention, and cost neutrality.

Additional Outcomes from the AODA Waiver:

#### Recovery Coaches and Risk of Reentry

We constructed a measure of reunification that captures the concept of permanency. Specifically, the measure of permanency included both unstable and stable reunifications, thus reflecting the field's evolution in how it regards reunification. Only recently did the federal government introduce estimates of reentry into states' performance indicators. Overall, 28.8% of the sample achieved reunification within three years. Unfortunately, 23% of the families that achieved reunification failed to maintain that reunification for at least 12 months. Thus, in the final analyses, only 22% of the overall sample achieved both family reunification and then permanency through 12 months subsequent to discharge from foster care. In comparison, the national standard (median rate determined by the CFSTRs) is 15 percent. The encouraging news, as it relates to recovery coaches and the Illinois waiver, is that the process of reunification is responsive to intervention. The recovery coach significantly increases the odds of achieving a stable reunification for substance abusing families. Specifically, families who were assigned a recovery coach were nearly twice as likely to achieve a stable reunification as compared with families who received only traditional child welfare services. Still, there remains a lingering concern about the high likelihood (approximately 1 out of every 4) of disrupted reunifications, even with the recovery coach. We will look to learn more about reentry in the coming quarters.

#### Timing of the Intervention Matters:

We constructed a measure of service access (or more accurately the timing of service access) to test whether a foundational belief in social work – early engagement – improves outcomes for vulnerable populations. The focus of this work directly reflects the Illinois' waiver extension – that is – deploy the mobile JCAP unit so that we can screen and connect families with services in a

more timely manner. The hypothesis is that closing this gap (or lag) will improve outcomes. Approximately 75% of parents were screened by JCAP within 2 months. This estimate has increased over time with the introduction of the mobile JCAP unit. Overall, 19.2% of the sample achieved reunification within three years. Bivariate analyses indicate that the assignment of a recovery coach significantly improved the likelihood of achieving reunification (16% vs. 21%, an increase of 31%). What we learned from subsequent bivariate and multivariate analyses is that not only does the recovery coach model improve reunification, but that this effect is limited to families that are quickly assessed and connected with services. The relative likelihood of achieving reunification for children in the experimental group that did not experience a timely screening and service connection (14%) is no different than the children associated with the control group. In comparison, 22% of the children in the experimental group associated with an early screening/access achieved reunification. The take home message from this finding is clear; a timely assessment in and of itself will not produce improved outcomes for substance abusing families in child welfare. Similarly, innovative services (like the recovery coach) can move the needle with regard to improving family reunification *but only when delivered in a timely manner*. For reasons largely unknown, the effects of the recovery coach program seem to dissipate or even vanish the further families and caseworkers get from the temporary custody hearing.

#### Impact on Racial Disparity

A surprising yet compelling finding that emerged from the timing study pertains to racial disparities. For children assigned to “services as usual” group, relatively large effects emerged for both race and age. Specifically, African American children and young children were less likely to achieve reunification. Yet, in the multivariate analysis of experimental group families, no racial disparities emerged. That is, *with the help of a recovery coach, African American children were just as likely to achieve reunification*. Racial disparities have been a long-standing concern and a quite stubborn problem for child welfare systems. African American children are over-represented at every point within the child protection and child welfare system. Moreover, despite decades of systematic efforts, few interventions have been developed and tested to eliminate racial disparities and decrease over-representation. The finding that racial disparities are non-existent for families associated with the recovery coach model is encouraging. Perhaps there is something about the comprehensive assessment and the provision of specialized services *that helps to address unique family needs and thus eliminate biases* that may impact reunification decisions. This is an important area of research that warrants addition attention.

#### Cost Neutrality Data

The Illinois AODA waiver demonstration is cost neutral and more specifically has generated approximately \$11,702,000 in savings for the State of Illinois over the life of the demonstration. These savings come from (1) significantly higher rates of family reunification, (2) more-timely (quick) reunification, (3) significantly lower rates of re-entry and (4) significantly lower rates of subsequent maltreatment.

### **IB3 Research Project**

The Illinois Birth Thru Three (IB3) project supports the adaptation of evidence-based, trauma-informed parenting programs to assist birth parents and substitute caregivers in addressing the adverse effects of maltreatment on child well-being and in promoting secure attachment relationships that can improve safety and permanency outcomes. The demonstration targets caregivers and children aged 0–3 who enter out-of-home care in Cook County, Illinois regardless of their IV-E eligibility for federal reimbursement. The selected interventions of Child-Parent

Illinois Department of Children and Family Services  
2015-2019 Final Report

Psychotherapy (CPP) and Nurturing Parents Program (NPP) are funded under a IV-E waiver that permits states to receive federal reimbursements for innovative programs that are ordinarily not claimable under the federal foster care program. The terms and conditions of the waiver require an independent evaluation of the effectiveness of the demonstration. By offering families developmentally appropriate parenting training and support, including intensive child-parent therapeutic interventions when indicated, it is anticipated that children assigned to the intervention group will experience reduced trauma symptoms, increased permanence, and improved child well-being compared to children who receive services as usual. Any federal savings that result from the achievement of more timely family reunification or expedited alternative permanency arrangements compared to services as usual can be retained and reinvested by the state. Additional spending on the intervention group, which is in excess of the average cost (neutrality) limit for the comparison group, is born entirely by the state if anticipated permanency improvements are not realized. Waiver authority expires on September 30, 2019. The Illinois Birth through Three Demonstration (IB3) has completed 5 years of full implementation.

During FY19, the administrative team for IB3 has been working to ensure the sustainability of the interventions associated with the demonstration. As previously reported, the enhanced assessment processes and tools utilized throughout the waiver have been expanded statewide. Our staff at the Erikson DCFS Early Childhood Program will continue to monitor and re-screen at-risk infants and toddlers using IB3 methodologies.

Administration will make minor modifications in contracts for the IB3 interventions for FY20. One of the primary changes will be the removal of restrictions on the target populations so the interventions are able to be used by children beyond the intervention agencies assigned under the waiver. For NPP, that will include parents of children in the Intact Services program whose children remain in their care. Referral processes will assume the typical protocols used throughout the system. For CPP, the Erikson DCFS Early Childhood Program will retain responsibility for facilitating referrals. The target populations will include the Early Childhood Court Team program and those assessed at high risk through Integrated Assessment or re-screens.

As we end this reporting period, there are currently 2,771 children referred to the demonstration, which represents 329 new cases during the current fiscal year. There is a balance of those cases across intervention and comparison agencies. The assessment processes and the associated algorithm for determining risk resulting from trauma exposure is one of the most substantial innovations of the demonstration. Findings in this report reflect a balance across intervention and comparison cases which support the valid implementation of the risk determination processes for the waiver.

Child Parent Psychotherapy [CPP]: Child Parent Psychotherapy (CPP) is a dyadic (caregiver and child) therapeutic intervention for children aged 0–5 who have experienced one or more traumatic events and as a result are experiencing behavior, attachment, or other mental health problems. The primary goal of CPP is to support and strengthen the relationship between a child and his or her caregiver as a means for restoring the child’s sense of safety, attachment, and appropriate affect. Treatment can last 12-18 months.

Approximately 27% of the children that have been served by IB3 (339 children) have been recommended for our most intensive therapeutic intervention. Lifetime rates for successful case closures [treatment goals met] for this intervention is 42%.

The annual summary of CPP utilization and costs billed to Medicaid for FY18 [received in Sept. 2018] indicates 14% of the total contract expenditures were billed to Medicaid which is a 4%

Illinois Department of Children and Family Services  
2015-2019 Final Report

increase over the previous fiscal year. There is a significant shift in home-based services. Currently 73% of the services rendered are billed for off-site services and only 27% are billed to in-office services. Over 1100 hours were billed to Medicaid servicing 80 unique clients. IN FY18 the rate of successful case closures increased by 10% over the previous year.

The Nurturing Parenting Program: NPP-PV Nurturing Parenting Program (NPP) is a curriculum-based psycho-educational and cognitive-behavioral group intervention that seeks to modify maladaptive beliefs that contribute to abusive parenting behaviors and to enhance parents' skills in supporting attachments, nurturing, and general parenting. The state is implementing a tertiary version of NPP [NPP-PV] focused specifically on the biological parents and [NPP-CV] a group designed for foster parents. Both interventions include pre-and post-assessment of attitudinal change and coaching to enhance application of new knowledge and skills.

IB3 contracts for 16 NPP groups annually with 3 provider agencies. During the current fiscal year, 29 parents have completed NPP. There have been 360 parents that have completed this intervention over the life of the waiver. Successful completion for those enrolled across the 3 agencies reporting data is 59%. Of those successful participants, 31% were fathers.

#### NURTURING PARENT PROGRAM - CAREGIVER VERSION (NPP-CV)

There continues to be substantial progress in the NPP intervention for foster parents [NPP-CV]. There have been 35 foster parents that have completed the CV program in FY' 19.

- Lifetime- 195.
- Lifetime Engagement Rate- 58%
- Lifetime Retention Rate- 82%

#### Evaluation:

The major findings from the final evaluation are enumerated as follows:

- IB3 demonstration achieved adequate levels of implementation integrity with respect to population coverage, exposure to treatment, adherence to program design, and participant satisfaction.
- There were no significant differences between the agency groups at round one, but during the second round, administrators from intervention agencies reported a higher average readiness (about 75% ready vs. about 50% ready) to adopt a new trauma-informed program compared to administrators from comparison agencies. Administrators from intervention agencies also indicated a higher level of preparedness to evaluate evidenced-based programs compared to administrators from comparison agencies.
- Approximately 90% of children were screened for developmental risk within 45 days of case opening using enhanced screening tools. Children categorized as high risk (56%) and those screened as moderate risk (32%) had experienced significant trauma in at least one or more areas.
- An estimated 47% of intervention children in foster homes had caregivers who reported receiving training compared to 28% in the comparison group. Half of the intervention caregivers specifically recalled completing NPP or CPP training.
- Among completers in the intervention group, an estimated 65% of surveyed caregivers found the NPP program to be very or extremely helpful, and 67% found the CPP program to be very or extremely helpful. There were no differences in satisfaction levels among participants who completed one or both programs sequentially (e.g., NPP followed by

CPP).

- Children allocated to the intervention group achieved levels of family unification (i.e. reunifications and legal guardianships with biological and fictive kin), which were 46% higher than the odds for children assigned to Services as Usual. At the close of the observation period, there was an estimated 7.3 percentage point difference between the likelihood of family unification in the IB3 Services group compared to Services as Usual.
- Simple tests of differences indicated no statistically significant differences between children assigned to intervention and comparison agencies with respect to standardized assessments of developmental growth, trauma symptoms, and measures of parenting competencies.
- An emerging line of inquiry concerns kinship foster caregivers. Compared to non-kin foster and permanent caregivers in the intervention group, relative caregivers were significantly less likely to voice the opinion that the child under their care had emotional, behavioral, learning, or attentional problems (26% vs. 60%). In contrast, kinship caregivers in the SAU group were nearly as likely as non-kin and permanent caregivers in the SAU group to express an opinion that the child under their care had emotional, behavioral, learning, or attentional problems (45% vs. 50%). Exposure to trauma-informed, parenting training programs appears to moderate the opinions of kin that their grandchildren, nieces, nephews, and cousins have emotional, behavioral, learning, or attentional problems.
- Comparison caregivers at earlier screenings reported a higher average of improvements on measures of social and emotional functioning than intervention caregivers but over time children in the comparison group had lower reported social/emotional functioning than children in the intervention group. In other words, children in the comparison group started off at an advantage but by the fourth assessment, children in the intervention group were doing better than children in the comparison group on the above indicators.
- Results from analyzing changes in parenting competencies suggest that completion of NPP is associated with reunification and improvements on parenting competencies (parent-child roles and empathy). Predicted rates of reunification were higher for birth mothers who completed NPP and were considered low risk with respect to parent-child roles and empathy than birth mothers who were considered high risk.

## **Immersion Sites**

The overarching goal of the Illinois Department of Children's Services (Illinois DCFS) Immersion Sites IV-E Waiver Demonstration project was to improve outcomes for children in the legal custody of Illinois' child welfare system. Specifically, by improving the quality of casework and making it easier for caseworkers to engage in high-quality casework, the Immersion Sites were intended to increase the likelihood of permanent exit and decrease time to permanent exit for youth in foster care, without increasing the likelihood of re-entry.

A multi-component "intervention," called Immersion Sites, comprised of a new practice model to improve the quality of casework, an enhanced qualitative case review process to review and continue to improve the quality of casework practice, administrative process/practice changes intended to make it easier for caseworkers to engage families, enhanced services to meet the needs of children and youth with behavioral health problems in community-based settings.

These components were implemented by the Illinois DCFS in four counties or groups of counties: Lake County, the counties around Rock Island (e.g., Rock Island, Whiteside, Mercer, and Henry counties), the counties around Mount Vernon (e.g., Clay, Hamilton, Jefferson, Marion, and Wayne counties), and Saint Clair County. Implementation began on August 1, 2016 and is ongoing. In

Illinois Department of Children and Family Services  
2015-2019 Final Report

late 2018, the department expanded immersion site practices to include all DCFS Southern Region, and CARITAS our largest Private agency provider.

FTS is now fully embedded in foundations training and has been since January 2018, with all new staff receiving this training. To fully train all veteran staff who had not yet taken the training as part of a previous immersion site or the expansion site, a self-directed online version of the course was implemented in August 2018. This online course will continue to be utilized for each new immersion site/immersion agency going forward, specifically with veteran staff hired before January 2018. The initial cohort of Immersion Sites staff has been fully trained in FTS.

The Model of Supervisory Practice (MoSP) trains supervisors (not limited to direct service or frontline staff) to support, coach and reflectively supervise frontline caseworkers to ensure that the FTS practice is consistently implemented and that front-line caseworkers have the support needed to continue compassionately effectively engaging families who experience challenging and difficult circumstances. The MoSP Practice Tenets and Standards include excellence, accountability, race-informed practice and agency culture. In implementing the Core Practice Model, the biggest lesson learned is that sequencing of trainings is essential. Before FTS and CFTM is delivered to casework staff, supervisors must have the training in effective and high quality supervisory practice. This gives supervisors the skills to support and properly supervise the right work being done the right way.

By December 2018, MoSP was offered a minimum of twice in each of the four original Immersion Sites. Beginning in September of 2018, MoSP is now offered statewide in each of the four regions (Cook, Northern, Central, and Southern), repeating every four months. Additional training opportunities were created to accommodate supervisors from CARITAS and DCFS Southern Region. An Executive Level overview of MoSP is offered every four months prior to the start of each new cohort to allow executives and administrators an opportunity to learn more about MoSP and how to support their supervisors and managers.

Child and Family Team Meetings (CFTMs) serve as the primary vehicle to engage youth, families and community stakeholders in the ongoing planning and organizing of the supports and services that the child and family need to move toward permanency. This CFTM model heavily focuses on coaching and modeling essential CFTM behaviors. This observation of activity and proficiency is the last step as workers move to be approved as facilitators.

In January 2019, CFTM training began within CARITAS and DCFS Southern. Ongoing CFTM trainings continue to be offered as needed throughout the original Immersion Sites to accommodate any new hires or the very small number of staff from the original Immersion Sites who have not finished the course.

## Chapter 10 – Quality Assurance/Continuous Quality Improvement

### Introduction

Illinois has a dedicated statewide Division of Quality Enhancement (QE) within the larger quality assurance system. While this chapter will focus on the work of the QE Division, please see Chapter 2: *Quality Assurance as a Systemic Factor* for additional information on the quality assurance, monitoring, and improvement entities statewide

During this final reporting period of the 2015-2019 CFSP, the Division of Quality Enhancement has maintained programs and initiatives, data related activities, case reviews and led the preparations for the CFSR Round 3, PIP related stakeholder meetings, the PIP Baseline Measurement Plan and the implementation of the PIP Baseline Case Reviews.

The following summarizes the work and progress of each activity of the past year, and in some programs areas, improvement that will be addressed in the 5-year Child and Family Service Plan for 2020 - 2025

1. Data Sets and Analysis to Support Decision-making and Monitoring
2. Continuous Quality Improvement Framework Coaching and Support
3. CFSR-PIP Baseline Reviews-Outcome Enhancement Plus Reviews
4. Intact Safety and Practice Reviews
5. Special Case Reviews
6. Quality Service Review
7. Child Death Review Team Findings and Recommendations
8. Aristotle P Consent Decree - Sibling Visitation
9. Council on Accreditation

### **1. Data Sets and Analysis to Support Decision-making and Monitoring.**

For a full description of these data sets, see Chapter 2 – Quality Assurance

- Executive Scorecards
- Power BI
- Performance Dashboards.
- Permanency Enhancement (PEP) Data
- Ad Hoc Report Requests

### **2. Continuous Quality Improvement Framework Coaching and Support**

The statewide framework for Continuous Quality Improvement took a hiatus during FY 2019 because of DCFS Director and Executive leadership changes and transition. There is a plan to relaunch with a priority focus of overseeing the PIP progress. The framework called the “CQI Collaborative” has been a collaboration between DCFS and Private Agencies to establish a structure for improvement. Through repurposing of existing meetings and a focus on priority outcomes, regional meetings and a state-wide meeting have continued to seek new ways of

Illinois Department of Children and Family Services  
2015-2019 Final Report

utilizing consistent data to focus on two priority outcomes; decreasing Recurrence of Maltreatment and increasing Permanencies, especially Reunifications.

RESPONSIBILITIES:

- Meet in-person quarterly
- Review data products showing progress toward key goals and outcomes
- Receive updates from the Regional CQI Collaborative co-chairs and respond as appropriate
- Set action plans to overcome and resolve system barriers
- Use a CQI process to identify, review and approve recommendations for enhancing performance
- Prepare reports to the DCFS Director and Executive Team outlining evidence-supported and actionable recommendations for enhancing child and family outcomes
- Follow-up on the progress and impact of previously identified and/or implemented recommendations
- Guide the development and monitoring of the CFSR PIP

CQI Resolution Requests

An important element of Illinois' DCFS-POS CQI Framework is the ability of staff and other system stakeholders to communicate issues of concern "up" for resolution. Previously this process was known as "One Pagers" and was available to DCFS staff only. With the inclusive and collaborative nature of the CQI Framework, the need arose to retain the concept but expand its use: hence the development of CQI Resolution Request form and associated procedure.

The CQI Resolution Request form is used, tracked and monitored as a part of the DCFS-POS CQI Framework (i.e., the Regional CQI Collaboratives and the Statewide CQI Collaborative). A CQI Resolution Request is not an action plan in and of itself. Rather, it is a method for documenting and communicating a problem "up" for resolution. The resolution of that problem is then communicated back "down" in order to close the communication/feedback loop. Anyone at any level, DCFS or POS, can generate a CQI Resolution Request. This process is also available to Advisory Groups. A CQI Resolution Request *is used to identify a data-evidenced practice or policy issue that cannot be resolved at the level it was identified.* The CQI Resolution Request is not used for internal concerns such as building conditions, desire for a vending machine in the lunchroom, etc.

The CQI Resolution Request form is now electronic and housed on the DNET along with the associated procedure and CQI Resolution Request Tracker. Prior to the CQI Collaborative hiatus there were a total of 15 CQI Resolution Requests that had been submitted, and a total of 7 resolved. This successful method of communication and problem solving will be relaunched along with the CQI collaborative meetings.

"Regional Mobilization Teams" were launched in each region to establish communication pathways and relationships between DCFS QA staff and POS QA staff. The purpose of these teams is to be rapid response QI teams and have an established/nurtured network and communication pathway by which to transmit critical and time-sensitive information requiring action. An example of a "quick win" project meant to establish and strengthen the teams was a review of data reports regarding physical health exams and immunizations. DCFS QA were able to secure the data reports and provide them to their POS QA partners. Monthly meetings were established and relationships were built. Discussions centered on not only improving compliance and performance but using CQI to continue improving in this area and not just a data cleanup of health data. This initial project met the goal of establishing the teams and some improvement in

the compliance and performance, but the ongoing improvement has been challenging in a changing environment. Teams opted to discontinue the active involvement in the project and to focus on many other areas of concern regarding safety and permanency.

PIP TIPS In partnership with University of Illinois Urbana-Champaign, and at the urging of supervisors of both DCFS and POS the “Tips for improving practice” that are distributed through Outlook has maintained as a staple and positive means for communicating easy to use guidelines for specific areas of practice.

Chapin Hall Learning Collaborative To bolster and standardize understanding of CQI, University partner, Chapin Hall has developed and piloted a Learning Collaborative to raise the skills and capacity of DCFS and POS CQI staff with a goal of expanding to direct service supervisors and staff. The Training modules emphasize establishing common language, understanding and communicating the PDSA (plan do study act) CQI cycle, Advanced Analytics and effective data and findings presentations. CQI staff have completed the course and are now charged with training and coaching the CQI process throughout all levels of DCFS, POS, and eventually stakeholders invited into the framework and process. Currently the Cook region has actively participated with the Northern region scheduled to begin late summer of 2019.

### **3. CFSR-PIP Baseline Reviews-Outcome Enhancement Plus Reviews**

As a response to new initiatives, such as the Child and Family Team Model and Model of Supervisory Practice, the existing Outcome Enhancement Review (OER), which mirrors the CFSR process, is undergoing an improvement. OER Plus adds an addendum of supplemental questions that provide a more intensive review of the quality of Child and Family Team meetings, supervision and preparing families and youth for transitions.

The new OER process will continue using the Federal On-site Review Instrument (OSRI) as the case review instrument and the Federal On-line Monitoring System (OMS) as the database. In addition, the OER process will also include two additional tools:

Supplemental Questions (additional qualitative questions on which IL wants to collect data that cannot be added to the federal OSRI, such as Child and Family Team Meetings, and Supervision)

Audit Tool (strictly a documentation compliance tool, developed as part of an improvement plan to address deficiencies found during a legislative review to improve the presence of specific documents in case files), and

The OER Plus is synonymous with the PIP Baseline reviews. As of May 2019, the PIP Measurement plan has been approved and the PIP Baseline reviews are set to begin in June 2019. After the 6-month baseline period, the OER Plus reviews will continue as the pool of reviewers are expanded trained and mentored by the QE staff. A goal of QE is to increase the number of measurement cases in June of 2020.

Consistent communication is essential for the success of the review process as well as utilizing findings for CQI. An OER Portal has been launched and is accessible through the DCFS DNET QA/APT link. The portal contains valuable information and resources relating to CFSR and the PIP Baseline. It is available to all DCFS, POS and Stakeholders that have the Illinois.gov address.

#### **4. Intact Safety and Practice Reviews**

A repurposing of the former ECKERD Rapid Safety Review Team staff to new Intact safety and practice review teams have focused on identifying safety concerns and practice issues for intact family cases and have been occurring throughout fiscal year 2019.

The goal of these reviews is to provide data to Intact Family Services administration and staff around safety concerns, and quality practice activities. Quality practice is data that cannot be pulled out of current data collection systems. This data is used to identify specific practices to target for improvement, identify training needs on a statewide, regional or Agency level, and to decrease poor outcomes for those involved in the Intact Family Services program. Data reports are distributed for CQI purposes during Statewide POS provider meetings and show state, regional and agency performance. More recently the Intact case review teams have been reviewing specific agency cases. Safety concerns are addressed immediately with subsequent staffing and a debriefing conference is held with the agency leadership and staff.

Agency Performance Monitoring (APT) case reviewers have also been reviewing intact cases specifically for safety concerns in those cases that are open and experienced a subsequent abuse/neglect report. The purpose is to ensure communication and collaboration between the Child Protection Investigator and Intact case worker. APT and QE frequently collaborate to improve services for the benefit of the children and families that the Department serves.

#### **5. Special Case Reviews**

The DCFS Joint Special Review process was established in 2016 to examine case dynamics and identify case management practices in cases where there had been either the death of a child or youth, or an egregious act of child abuse or neglect had occurred. The development of the process was a collaborative effort between the DCFS Offices of Quality Enhancement and Clinical Services, and the University of Illinois at Urbana School of Social Work, Children and Family Research Center. Cases referred for review and reporting had some type of service intervention through DCFS or Private Agency providers in Illinois in the previous twenty-four months. Seventy-two cases had been reviewed by November 2017.

Based on an initial set of reviews in 2016, specific findings and trends gleaned from the process were used to create a presentation highlighting five areas that historically, and possibly predictively, impact child fatalities. A statewide rollout of the presentation to direct service DCFS and Purchase of Service supervisors and managers from all specialties occurred January 2017 through September 2017 and included approximately 500 staff. Following the presentation, an interactive session was held so supervisors were able to examine current practices, explore supervision in high risk situations, and suggest systemic reforms to improve the quality of service, support caseworker skill building, and strengthen assessments impacting child safety.

The Special Review process has impacted changes to the process of tracking child protection investigations and other investigative procedures, and supported clear identification of areas to be strengthened across the DCFS front end service delivery system. Information from reviews has culminated into a cohesive set a continuous quality improvement areas. Area for future use include supporting child protection curriculums, enhancing Intact Family Service provision and case review methods, impacting supervisory training, and supporting the creation of interdisciplinary/interagency strategies to reduce infant mortality.

QE staff led a number of special reviews that were not focused on fatality but of importance in improving practice. A review of investigations of children in psychiatric hospitals identified concrete areas for improvement during the course of investigation, a review of Investigations where the report was initiated by Good Faith Attempt has assisted in understanding CFSR findings around Safety 1 timeliness of investigation, a review of high risk/high sequence investigations assisted in understanding the need for strong emphasis of reviewing the history in subsequent reports and the reviews of specific agency and intact teams has led to increased awareness of the need to distinguish between compliance and quality in home case worker visits

## **6. Quality Service Review**

Quality Service Review (QSR) is an intensive case review process like the CFSR/OER Plus review process and recommended to DCFS by the BH Experts as part of recommendations for improvement of the BH Consent Decree. Training and mentoring from the Child Welfare Practice and Policy Group have been provided to four contracted QSR reviewers in the Immersion sites. The review tool was developed by The Child Welfare Group and was provided to DCFS. The case reviews include a stratified random sampling process that includes placement cases (all permanency goal types) served by Department and POS agencies. The reviews include a file review, stakeholder interviews, case detail write up and sharing findings for individual case improvement and CQI in the immersion sites.

## **7. Child Death Review Team Findings and Recommendations**

The Child Death Review Team manager within Quality Enhancement is the liaison between DCFS and the Child Death Review Teams (CDRT) in each of the four regions across the state. Criteria of review is a child fatality where the child had involvement with DCFS in the previous 12-month period. The Liaison assures that required documentation is available for review and coordinates the CDRT meetings. In addition, the liaison documents and tracks the recommendations of the CDRT and briefs the Director and Executive Leadership.

## **8. Aristotle P Consent Decree - Sibling Visitation**

On August 1, 2017, the Aristotle P. Compliance and Monitoring process was transitioned to the Administrative Case Review Unit (ACR). This newly enhanced monitoring process allows every youth in care (that has a sibling) in the state of Illinois to be reviewed. Moreover, this process has helped to ensure that each applicable child is maintaining a connection with his or her sibling(s). In every case where sibling visitation has not occurred for at least four hours per month, i.e., (twice monthly for two hours each, once a month for at least four hours or overnight visits, etc.) and/or documentation does not indicate whether sibling visits are occurring per the Decree, a critical feedback notification is generated. The critical feedback is forwarded to the Aristotle P. Monitor, as well as the case management agency. Once the case is identified as requiring a critical feedback, an interim ACR is scheduled for a 3-month period to address the sibling visitation violation. During the interim review period, supportive documentation is submitted to demonstrate that corrective action has been taken to prevent future sibling visitation violations for the case. An Aristotle P. Monitor will also follow up with the worker/agency, to request a corrective action plan to address the sibling visitation violation.

Additionally, during FY18, the following have been accomplished:

- A tracking system was developed to coincide with those youth identified by ACR as being noncompliant with the Decree. The Aristotle P. Monitor provides ongoing technical

Illinois Department of Children and Family Services  
2015-2019 Final Report

assistance to both POS/DCFS staff regarding the tenets of the Decree as on acceptable documentation for compliance with sibling visitation. The new process allows the ability to review 100% of child cases versus the previous sample of 30%. As a result of reviewing every child placed apart from his or her sibling, data reports become more reflective of the actual rate of compliance with the Decree.

- An agreed upon ACR Checklist was developed prior to the beginning of the new monitoring process that's used by the ACR reviewers to determine compliance with the Decree
- Enhancements have been made to the sibling visitation and contact form, which allows documentation for sibling visitation to be automatically populated onto the sibling visitation and contact form. This new revision allows ACR Reviewers to examine compliance with sibling visitation for the child and his/her sibling group members

## **9. Council on Accreditation**

Illinois is COA accredited, which requires passing specifically the CQI standards. In Illinois, DCFS and the contracted POS agencies are required to be COA accredited. In addition to being part of the larger statewide quality assurance system that includes monitoring and improvement, POS agencies have required internal quality assurance and CQI processes in place. COA standards require a written CQI plan, formal case review, customer satisfaction surveys, risk prevention management, and program evaluation. To support POS in accreditation, DCFS continues to improve accessibility to data sets, while purposeful in increasing the availability of data to the POS.

## Chapter 11 – Financial Information

### Financial Information Reporting, Maintenance of Efforts and Non-Supplantation; Specific Percentages of Title IV-B, Subpart 2 Funds Expended on Program Components; and Other Reporting and Compliance Requirements

The Department will continue to comply with all the financial requirements affecting title IV-B, subparts 1 and 2 and those specified in ACYF-CB-PI-15-03, Section H, Financial Information, items 1 through 6.

#### Section 1 - Title IV-B, Subpart 1:

\$ 9,984,644 FFY 2017 Award

\$ 9,967,451 FFY 2018 Award

The Department will not spend more title IV-B, subpart 1 funds during any of the Federal fiscal years (FFYs) 2015 - 2019 than the state expended for those purposes in FY 2005 (per section 424(c) of the Act). The Final FFY2005 IV-B Subpart 1 allotment was \$11,327,464.

State expenditures of non-federal funds for foster care maintenance payments used as state match for title IV-B, subpart 1 funds awarded for FFY 2018 will not exceed the amount of non-federal fund expenditures applied as state match for that program during FFY 2005 (per section 424(d) of the Act). The Department's CFSP includes information on the amount of non-federal funds expended for foster care maintenance payments which were used as title IV-B, subpart 1 state match for FY 2005.

No more than 10% of the federal title IV-B, subpart 1 funds will be expended by the Department for administrative costs (section 424(e) of the Act). These expenditures will be included in the annual budget request for administrative costs on the CFS-101, Parts I and II.

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#### Section 2 – Title IV-B, Subpart 2:

##### Estimated Title IV-B, Subpart 2 Expenditures for FFY 2018, By Category:

<b>\$ 12,110,594</b>		
\$ 3,269,860	30.00%	a) Family Preservation Services
\$ 2,785,437	20.00%	b) Family Support Services
\$ 2,543,225	22.00%	c) Family Reunification Services
\$ 3,512,072	28.00%	d) Adoption Promotion and Support Services

The Department agrees to spend a “significant” portion of the title IV-B, subpart 2, Preserving Safe and Stable Families (PSSF) grant on each of the four PSSF service categories: family preservation, community-based family support, time-limited family reunification, and adoption promotion and support services. Currently, the term “significant” is interpreted by ACF to mean at least 20 percent of the grant total. Information will be included in the Department's APSR if the

Illinois Department of Children and Family Services  
2015-2019 Final Report

Department does not continue to spend a “significant” portion of its title IV-B, subpart 2 grant award on any of those four service categories. The amount allocated/assigned to each service category will only include funds expended for service delivery. Any amount allocated/identified with planning and service coordination will be reported separately. The estimated expenditures for services provided will be reported on the CFS-101, Part II.

For many years the State of Illinois has only expended title IV-B, subpart 2 funds for the provision of client services. However, the Department recognizes that no more than ten percent of federal funds under title IV-B, subpart 2 may be spent for administrative costs (per section 434(d) of the Act). The Department also recognizes that this limitation applies to both the PSSF program and the Monthly Caseworker Visit grant.

The state will provide the state and local expenditure amounts for FFY 2016 under title IV-B, subpart 2 for comparison with the FFY 1992 base year. This comparison is needed to provide assurance that federal funds awarded under this subpart are not used to supplant federal funds or non-federal funds for existing services and activities as required by section 432 (a) (7) (A) of the Act. Additional information related to the percentage of title IV-B, subpart 2 expenditures, by service category, is also provided in order to further demonstrate that the non-supplantation requirements for title IV-B, subpart 2 services are adhered to. DCFS proposes to continue claiming title IV-B, subpart 2 funds for services provided under the four PSSF service categories during FFYs 2015 through 2019.

The Department will continue to comply with all financial requirements affecting title IV-B, subparts 1 and 2 and the reporting requirements specified in ACYF-CB-PI-15-03, Section H, Financial Information, items 1 through 6.

More services will be offered under the four PSSF service categories than will be claimed by the Department. However, the amounts claimed by the Department will be limited to the percentages shown above. Historically, the State of Illinois has expended more dollars for title IV-B services than are reimbursed by the federal government under title IV-B, subpart 2. The CFS-101, part II submitted in support to this application shows that the estimated spending on eligible title IV-B, subpart 2 services exceeds the funds available under the grant. Additionally, the Department will continue to fund all administrative and planning activities associated with title IV-B, subpart 2 services during FFYs 2015 through 2019 from state funds. If this should change for any reason, the State will revise this section of the APSR. The Department will continue to adhere to the federal requirements regarding permissible uses of and substantial funding for each of the service categories claimable under title IV-B, subpart 2.

If the State of Illinois intends to release or apply for the reallocation of funds under title IV-B, subpart 2, the CFCIP, or the ETV program, the Department will note the amounts we are releasing or requesting on the appropriate lines of a revised CFS-101.

*Maintenance of Effort and Non-Supplantation: The Department adhered to the Maintenance of Effort requirements set forth in section 432(a)(7)(A) and in 45CFR 1357.32 (f) of the compilation of title IV-B and title IV-E and related sections of the Social Security Act. During the remainder of FFY 2019, the Department will continue to adhere to these Maintenance of Effort requirements and assure that federal funds provided to the State of Illinois under title IV-B, subpart 2 will not be used to supplant federal or non-federal funds for existing services and activities.*

Illinois Department of Children and Family Services  
2015-2019 Final Report

During FFYs 2015 through 2018, the Department has ensured, on an annual basis, that a “significant” portion of each mandatory service category is provided to at-risk families throughout the State of Illinois. That will continue during the remainder of FFY2019.

The Department has demonstrated that the requirements of ACYF-CB-PI-14-03, Section E, Parts 1 through 5, have been met. This has been documented in the filing of the CFS 101, Parts I, II, and III as required, for each of the FFYs 2015 through 2020.

**Non-Supplantation:** To date, the Department has complied with the non-supplantation requirements during each of the years covered by and reported on under the current 5-year plan, and assures that it will comply with these requirements during the remainder of FFY2019.

Data regarding the non-supplementation level of expenditures established by HHS is included in the chapter covering documentation of the non-supplantation and maintenance of effort requirements of the Department. The base year used to establish that expenditure level was FFY 1992. This base level was determined by the Department’s Office of Planning and Budget through a search of various databases from the 1990s when these requirements were put in place. Once the base level of expenditures has been determined it does not change.

Several years ago, DHHS’s Administration for Children and Families decided to collect 1979 base year data. The maximum levels of 1979 State expenditures were determined by a combination of available data and logic. In the early 1980s, the Governor’s Bureau of the Budget (now titled the Governor’s Office of Management and Budget) supported the Department’s efforts to increase its claims for reimbursement and obtain additional title IV-E and title IV-B revenue. However, the Department was required to transfer the first \$13 million received from DHHS each year to the state’s General Revenue Fund. This equated to the title IV-E and title IV-B receipts in the year prior to the enactment of the legislation creating the Children’s Services Fund. Therefore, it may be demonstrated that the combined title IV-E and title IV-B receipts for FY 1979 were, at most, \$13 million. This sets a maximum possible base.

The Department does not claim any Foster Care Maintenance payments or Adoption Assistance subsidies under title IV-B subparts 1 or 2; title IV-E eligible foster care maintenance payments and adoption assistance subsidies are included for federal reimbursement in the development of the title IV-E claim. With the exception of therapeutically prescribed day care programs, the Department never claims any day care (child care) expenses under title IV-B or title IV-E for reimbursement; instead expenditures for those services are paid from state funds. The Illinois Department of Human Services funds expenses for employment related child care services through state funds and federal title XX Block Grant funds.

**Non-Supplantation Baseline:** Originally two categories of service were eligible for title IV-B, subpart 2 funding. These included the Family Support Services category and the Family Preservation Services category. Several years later additional categories were added for Time-Limited Family Reunification Services and for Adoption Promotion and Support Services. Baseline non-supplantation amounts are set for each of these four categories.

### **Family Support Services:**

The FFY 1992 baseline level was initially calculated in the “FY94 Plan to Plan,” approved in the “Illinois Five Year Plan for the Family Preservation and Family Support Initiative,” and continued in subsequent annual plans and reports under the “Promoting Safe and Stable Families” provisions of the Adoption and Safe Families Act of 1997. The level of services and expenditures will continue to exceed the level established by the FFY 1992 baseline. The Department, including its subcontractors, will not use any title IV-B, subpart 2 funds to supplant other sources of state and federal funds awarded for Family Support Services. Grant expenditure reports and other quality assurance tools will be used to document the level and appropriateness of expenditures. Maintenance of Effort on the part of subcontractors/community-based service providers will be tracked from expenditure reports or from audited financial statements when aggregate annual contracts reach or exceed the \$500,000 federal threshold. The baseline amount for Family Support Services under title IV-B, subpart 2 is \$740,200.

### **Family Preservation Services:**

The FFY 1992 baseline level was initially calculated in the “FY 94 Plan to Plan” approved in the “Illinois Five Year Plan for the Family Preservation and Family Support Initiative,” and continued in subsequent annual plans and reports under “Promoting Safe and Stable Families” provisions of the Adoption and Safe Families Act of 1997. The level of services and expenditures will continue to exceed the quantity established by the FFY 1992 baseline. The Department, including its subcontractors, will not use any title IV-B, subpart 2 funds to supplant other sources of state and federal funds awarded for Family Preservation Services. Grant expenditure reports and other quality assurance tools will be used to document the level and appropriateness of expenditures. Maintenance of Effort on the part of subcontractors/community-based service providers will be tracked from expenditure reports or from audited financial statements when aggregate annual contracts reach or exceed the \$500,000 federal threshold. The baseline amount for Family Preservation Services under title IV-B, subpart 2 is \$13,019,600.

### **Time-Limited Family Reunification Services:**

The FFY 1992 baseline for Time-Limited Family Reunification services was established by retrofitting the definition and provisions of title IV-B, subpart 2 with comparable/equivalent target population, expenditures and services. During FFY 1992, the Department’s total estimated expenditures and service level for all Family Reunification Services was \$4.2 million for approximately 354 families. The baseline for Time Limited Family Reunification Services is much smaller because only a small portion of title IV- B, subpart 2 funds was spent for those services. Additional analysis of services during the baseline period revealed that the length of time children remained in substitute care during FFY 1992 baseline period was 30 months in downstate counties, and 60 months in Cook County. The FFY 1992 rate of time-limited reunification was calculated to be approximately 20% of the total based on the length of placement before reunification. (In other words, in the baseline year, 20% of all reunifications met the timeline later set for early reunification). Consequently, the baseline for Time-Limited Family Reunification Services under title IV-B, subpart 2 is \$834,500.

The level of services and expenditures will continue to exceed those established by the FFY 1992 baseline. The Department, including its subcontractors, will not use any title IV-B, subpart 2 funds to supplant other sources of state and federal funds awarded for Time-Limited Family Reunification. Grant expenditure reports and other quality assurance tools will be used to

Illinois Department of Children and Family Services  
2015-2019 Final Report

document the level and appropriateness of expenditures. Maintenance of Effort on the part of subcontractors/community-based service providers will be tracked from expenditure reports or from audited financial statements when aggregate annual contracts reach or exceed the \$500,000 federal threshold.

**Adoption Promotion and Support Services:**

The level of services and expenditures will continue to exceed the quantity established by the FFY 1992 baseline. The Department, including its subcontractors, will not use any title IV-B, subpart 2 funds to supplant other sources of state and federal funds awarded for Adoption Promotion and Support Services. Grant expenditure reports and other quality assurance tools will be used to document the level and appropriateness of expenditures. Maintenance of Effort on the part of subcontractors/ community-based service providers will be tracked from expenditure reports or from audited financial statements when aggregate annual contracts reach or exceed the \$500,000 federal threshold.

The Department's Adoption Promotion and Support Services baseline is difficult to calculate because so few services were offered or purchased during or prior to FFY 1992. The oldest data available at the time that DHHS established a baseline for these services was FFY 1996. The program grew more than 50% between SFY 1992 and FFY 1996. Therefore, the Adoption Promotion and Support Services baseline is well below the FFY 1996 expenditures. In FFY 1996, \$1,279,858 was spent on adoption preservation services and not more than \$1,360,572 was spent on post-adoption support services. Therefore, the FFY 1996 baseline would be no more than \$2,640,430. The FFY 1992 baseline for these services would be lower, estimated at less than \$1.8 million.

**Summary of Non-Supplantation Amounts in the Base Year-FFY 1992:**

<u>Title IV-B, part 2 Service</u>	<u>Baseline Amount</u>
Family Preservation Services	\$13,019,600
Family Support Services	\$740,200
Time Limited Family Reunification	\$834,500
Adoption Promotion and Support	Less than \$1,800,000

Contact Person: Jason House  
Phone 217-524-1510

**Other Fiscal Information:**

- Federal funds expended in FFY 2017 under title IV-B, subpart 1: \$ 9,984,644
- Federal funds expended on administrative costs in FFY 2016 and FFY 2017 for title IV-B, subpart 1: no administrative support charges were made to the program; however, caseworker costs, both public and private, are charged to the program based on the amount of time spent providing case management services to DCFS wards and families that are not charged to any other federal program.
- Federal funds expended in FFY 2017 for monthly caseworker visits under title IV-B, subpart 2: \$774,155

Illinois Department of Children and Family Services  
2015-2019 Final Report

The Department will continue to supply relevant fiscal information for the remaining time period covered under the current CFSP.

The federal funds expended under each of the four categories of services in FFY 2017 for Promoting Safe and Stable Families (PSSF) Program and for planning and administration are noted below:

Family Preservation Services	\$3,613,353.00
Family Support Services	\$2,890,682.00
Time Limited Family Reunification Services	\$2,408,902.00
Adoption Promotion and Support Services	\$3,372,462.00
Total for other service related activities, including planning	\$0.00
Total administration (not to exceed 10%)	\$0.00

During FFY 2017, nearly \$53 million was expended on eligible services under title IV-B, subpart 2; however, as previously noted, only a portion of those eligible expenditures was claimed for federal reimbursement because eligible expenditures for services exceeded the amount of the allotment. The program categories listed below are consistent and synonymous with the program categories previously described. In FFY 2017 these included:

- Family Preservation Services: Intensive Family Preservation/Intact Family Services;
- Family Support Services: Extended Family Support Services; Family Habilitation; Family Advocacy Centers;
- Family Reunification and Time Limited Family Reunification Services; and
- Adoption Promotion and Support Services: Intensive Adoption Preservation, Maintaining Adoption Connections, Older Caregiver Programs, Post-adoption counseling, therapy, therapeutically prescribed day care programs and Adoption Respite. (No other day care services are funded from title IV-B).

**Estimated and Actual Expenditures for FFY 2017:** Actual expenditures under title IV-B, subparts 1 and 2 for FFY 2017 were slightly more than the estimated expenses. The final grant award of title IV-B funds were spent as follows: 29% for Family Preservation Services, 23% for Family Support Services, 20% for Time-Limited Family Reunification Services, and 28% for Adoption Promotion and Support Services.

**Category of Title IV-B, Part 2 Funds – FFY 2017**

	Estimated	Actual
<b>TOTAL Title IV-B, subpart 2 funds</b>	\$12,110,594	\$12,285,399
Family Preservation Services	\$3,269,860	\$3,613,353
Family Support Services	\$2,785,437	\$2,890,682
Time-Limited Family Reunification Services	\$2,543,225	\$2,408,902
Adoption Promotion and Support Services	\$3,512,072	\$3,372,462

**Section 4 – FFY 2020 Budget Request (CFS-101, Parts I and II):** As part of the APSR, the Department will complete Part I of the CFS-101 form to request title IV-B, subpart 1 (CWS) and title IV-B, subpart 2 (PSSF and Monthly Caseworker Visit funds), CAPTA, CFCIP, and ETV funds. The state will use the appropriate FFY allocation tables as the basis for budgeting. The Department will complete Part II of the CFS-101 to include the estimated amount of funds to be spent in each program area by source, the estimated number of individuals and families to be served, and the geographic service area within which the services are to be provided.

**FFY 2020 Budget Request (CFS-101, Parts I and II):** The signed CFS-101 Part I for FFY 2020 as a PDF document will be submitted to the ACF on or before June 30, 2019. The CFS-101 Part II for FFY 2020, that does not need signature, will also be submitted to the ACF on or before June 30, 2019 as a PDF document. If the Department intends to release or apply for funds for reallocation under title IV-B, subpart 2, the CFCIP, or the ETV program the Department will note the amounts we are releasing or requesting on the appropriate lines of a revised CFS-101, so that ACF will be able to re-allocate the funds in accordance with the prescribed formulas.

**FFY 2017 Title IV-B Expenditure Report (CFS-101, Part III):** The signed CFS-101 Part III final report for FFY 2017 will be submitted to the ACF on or before June 30, 2019 as a PDF document. For FFYs 2018 through 2019 the Department will continue to meet the requirements. The State will report funds expended in each program area of title IV-B funding by source, the number of individuals and families served, and the geographic service area within which the services were provided. The state must track and report annually its actual title IV-B expenditures, including administrative costs for the most recent preceding fiscal year for which a final Standard Form 425 (SF-425) Federal Financial Report (FFR) has come due.

Contact Person: Joe McDonald  
Phone: (217) 558-5391

**Section 6 – Financial Status Reports – Standard Form (SF-425):** The State will report expenditures under title IV-B, subparts 1 and 2, CAPTA, and CFCIP on the Financial Status Report, SF-425. A separate SF-425 will be submitted for each program for each fiscal year. Each SF-425 will be submitted in accordance with the applicable requirements specified in the Program Instructions issued April 10, 2017. It is understood that a negative grant award will recoup unobligated and/or unliquidated funds reported on the final SF-425 for the title IV-B programs, CAPTA, CFCIP and ETV programs. The original SF-425 for each program will be submitted by the dates through ACF's Online Data Collection (OLDC) System. Financial Status Reports (SF-425s) will be submitted by the dates specified in the FFY 2017 Program Instructions. The State will submit an electronic SF-425 for the programs listed above through the ACF Online Data Collection (OLDC) system.

**Title IV-B, Subpart 1:** The State will submit the SF-425 fiscal report for expenditures under title IV-B, subpart 1 at the end of each 12-month period from October 1 through September 30, of the two-year expenditure period. Both reports are due 90 days after the end of the fiscal year. The SF-425 report covering the first 12-month budget period is the interim report and the report covering the entire two-year grant period is the final report. The required 25% state match will be shown on both the interim and final reports. Funds under title IV-B, subpart 1 will be expended by September 30 of the fiscal year following the fiscal year in which the funds were awarded.

(The State acknowledges, and will comply with, this requirement: A state that has been notified of the need to provide a higher percentage match for a specific fiscal year, due to a determination

Illinois Department of Children and Family Services  
2015-2019 Final Report

that the state has failed to meet a performance standard for monthly caseworker visits, must report that higher match on the final financial form [section 424(f)(1)(B) and 424(f)(2)(B) of the Act]). The state must expend the funds under title IV-B, subpart 1 by September 30 of the fiscal year following the fiscal year in which the funds were awarded (e.g., for FFY 2017 grants, obligate the funds by September 30, 2018, and liquidate by December 29, 2018).

**Title IV-B, Subpart 2 – PSSF:** The State of Illinois will submit the SF-425 fiscal report for expenditures under the title IV-B, subpart 2 PSSF program at the end of each 12-month period from October 1 through September 30 of the two-year expenditure period. Both reports are due 90 days after the end of the fiscal year (December 29). The SF-425 fiscal report covering the first 12-month budget period is the interim report and the report covering the entire two-year grant period is the final report. The required 25% state match will be reported on both the interim and final reports. Funds under title IV-B, subpart 2 (PSSF) will be expended by September 30 of the fiscal year following the fiscal year in which the funds were awarded (e.g., for FFY 2018, funds must be obligated by September 30, 2019, and liquidated by December 29, 2019).

Since discretionary funds under PSSF are to be expended for the same purposes as the mandatory funds, no separate reporting is required to distinguish between these expenditure amounts. The state will report the cumulative expenditure amount on the SF-425. Unobligated funds reported on the final financial status report will first be recouped from the discretionary funds.

**Title IV-B, Subpart 2 – Monthly Caseworker Visit Funds:** States are required to submit the SF-425 fiscal report for expenditures under the title IV-B, subpart 2 Monthly Caseworker Visit program at the end of each 12-month period from October 1 through September 30 of the two-year expenditure period. These reports will be separate from the SF-425 reports for the PSSF program. The State will submit the SF-425 report at the end of each 12-month period from October 1 through September 30 of the two-year expenditure period. Both reports are due 90 days after the end of each Federal fiscal year (December 29). The SF-425 fiscal report covering the first 12-month budget period is the interim report and the report covering the entire two-year grant period is the final report. Funds for these years must be expended by September 30 of the fiscal year following the fiscal year in which the funds were awarded (e.g., for FFY 2018, funds must be obligated by September 30, 2019 and liquidated by December 29, 2019). The required 25% state match will be reported on both the interim and final fiscal reports.

**CAPTA:** Funds under CAPTA must be expended within five years (e.g., for the FFY 2017 award, funds must be expended by the State by September 30, 2021). The State will submit the SF-425 fiscal report for CAPTA at the end of each 12-month period from October 1 through September 30 of the five-year expenditure period. The SF-425 fiscal report covering each 12-month budget period is an interim report and the report covering the entire five-year grant period is the final report. The interim and the final reports are due 90 days after the end of the applicable 12-month period. There is no state match requirement for this program. The Department will continue to provide all required information during the 5 year CFSP covering FFYs 2015 - 2019.

**CFCIP and ETV:** Funds under CFCIP and ETV must be expended within two years. The State will submit separate SF-425 fiscal reports for the CFCIP and ETV programs. States are required to submit the SF-425 fiscal report for expenditures under the CFCIP and ETV programs at the end of each 12-month period from October 1 through September 30 of the two-year expenditure period. Reports are due 90 days after the end of each fiscal year. The SF-425 fiscal report covering the first 12-month budget period is the interim report and the report covering the entire two-year grant period is the final report. The required 20 percent State match must be reported

Illinois Department of Children and Family Services  
2015-2019 Final Report

on both the interim and final fiscal reports. Funds under CFCIP and ETV must be expended by September 30 of the fiscal year following the fiscal year in which the funds were awarded (e.g., for FFY 2018, funds must be obligated by September 30, 2019 and liquidated by December 29, 2019).

The Department will complete and furnish all the financial reports required on SF-425 fiscal report forms.

Contact Person: Joe McDonald  
Phone: (217) 558-5391

### Attachment A – Supplemental Questions

**DRAFT**

OER Plus SUPPLEMENTAL QUESTIONS

**DRAFT**

FACE SHEET	
REVIEW LOCATION:	REVIEW DATE: ____/____/____
REVIEWER NAME:	FAMILY CASE OPEN DATE: ____/____/____
FAMILY CASE NAME:	FAMILY CASE CLOSE DATE: ____/____/____
FAMILY CASE ID#:	
CASE TYPE	
<input type="checkbox"/> SUBSTITUTE CARE <input type="checkbox"/> INTACT (IFS) <input type="checkbox"/> INVESTIGATION <input type="checkbox"/> EFSP	
FAMILY CASE OPENING REASON (PRIMARY):	
<input type="checkbox"/> ABUSE <input type="checkbox"/> NEGLIGENCE <input type="checkbox"/> COURT ORDER <input type="checkbox"/> DELINQUENCY <input type="checkbox"/> CWS REFERRAL <input type="checkbox"/> Other: _____	
ASSIGNED AGENCY:	RSF/TEAM ASSIGNED: _____
<input type="checkbox"/> DCFS <input type="checkbox"/> POS	
ASSIGNED AGENCY NAME:	ASSIGNED SUPERVISOR: _____
ASSIGNED CASEWORKER:	
<b>COMPLETE FOR SUBSTITUTE CARE CASES ONLY:</b>	
CHILD CASE ID#:	
CHILD NAME:	
CHILD'S CASE OPENING REASON:	
<input type="checkbox"/> ABUSE <input type="checkbox"/> NEGLIGENCE <input type="checkbox"/> COURT ORDER <input type="checkbox"/> DELINQUENCY <input type="checkbox"/> CWS REFERRAL <input type="checkbox"/> Other: _____	
CURRENT PERMANENCY GOAL:	DATE GOAL ESTABLISHED: ____/____/____
<input type="checkbox"/> RH w/in 5 mos (21) <input type="checkbox"/> SCPTPR (24) <input type="checkbox"/> Independence (27)	
<input type="checkbox"/> RH w/in 12 mos (22) <input type="checkbox"/> Adoption (25) <input type="checkbox"/> HENA (28)	
<input type="checkbox"/> RH Pending Status (23) <input type="checkbox"/> Guardianship (26) <input type="checkbox"/> Continuing Foster Care (29)	
IS THIS CASE A (check one):	Date of DIV/DA or FR: ____/____/____ <input type="checkbox"/> N/A
<input type="checkbox"/> Disrupted Intact (D) <input type="checkbox"/> Disrupted Adoption/Guardianship (DA) <input type="checkbox"/> Failed Reunification (FR)	

1000 reviewed by QA on \_\_\_\_/\_\_\_\_/\_\_\_\_ and approved for data entry  
 QA Initial here:

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OER Plus SUPPLEMENTAL QUESTIONS

DRAFT

Qualitative Practice Questions

**Instructions for reviewers:** These questions are supplemental to the questions answered in the OSRI and are part of the Outcome Enhancement Review (OER). These questions should be answered **ONLY** after completing a review of the SACWIS file, hard file, and interviews with key stakeholders (minimally the caseworker/supervisor, the parent(s), and the youth). These questions may ALSO be used as a stand-alone tool to collect data on a larger sample of cases, evaluating Child and Family Team Meetings (CFTMs), Transition Planning, and/or Supervision (MOSP) without having to also use the OSRI, however a comprehensive review of the case will need to happen before the following questions can be answered with confidence and accuracy.  
*Please make sure to look at the Question-by-Question (QbbyQ) Guide for each question, as well as the Rating Guide to determine overall performance for each section.*

**Applicable Cases:** All foster care and intact cases selected for review are applicable for these questions, unless they are open less than 14 days.

**OER Plus:** *Select X (Not Applicable) for all questions if the foster care or intact case is open less than 14 days; or it is an investigation or EFSP case.*

**SECTION I: CFTM**

**1A** Has the assigned caseworker been approved as a CFTM Facilitator?

**1B** During the PUR, have there been any CFTMs (as defined by the QbbyQ) on this case?

**1** For initial CFTMs that occurred during the PUR, did the caseworker make concerted efforts to:

a. Convene a "prep meeting" with parents/youth?

**If No, provide your rationale here:**

b. Convene a "prep meeting" with formal and informal support members of the team?

**If No, provide your rationale here:**

**2** During the PUR, have the CFTMs occurred with the frequency as determined by the family?

**If No, provide your rationale here:**

Q#	Y	N	NA
1A			
1B			
1a.			
1b.			
2.			

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Illinois Department of Children and Family Services  
2015-2019 Final Report

**DRAFT**

**OER Plus SUPPLEMENTAL QUESTIONS**

**DRAFT**

**SECTION I: CFTM**

3. For the CFTMs that have occurred during the PUR, have the CFTMs occurred in the location that is the preference of the parent/youth, whenever possible?

If No, provide your rationale here:

4. During the PUR, have the parent(s)/youth felt that they were engaged in the CFTM process?

If No, provide your rationale here:

5. Have the results of formal assessments been shared with the parent(s)/youth in CFTMs?

If No, provide your rationale here:

6. During the PUR, have the parent(s)/youth felt that they were actively involved in the creation of the service plan?

If No, provide your rationale here:

7. Has information shared in CFTMs resulted in changes to the service plan itself, as appropriate?

If No, provide your rationale here:

Q#	Y	N	NA
3.			
4.			
5.			
6.			
7.			

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OER Plus SUPPLEMENTAL QUESTIONS

**DRAFT**

**SECTION I: CFTM**

8. Following CFTMs that occurred during the PUR, did the parents/youth understand the action steps that were to take place for each CFTM member at the conclusion of the CFT meeting?

If No, provide your rationale here:

Q#	Y	N	NA
8.			

9. Are the CFTMs being used to develop an after-care plan to ensure sustainability of permanency/case closure by linking the family with community resources and support?

If No, provide your rationale here:

9.			
----	--	--	--

**SECTION I (CFTM) RATING:**

Regardless of the section rating response, include a detailed rationale narrative below that supports the section rating. The narrative should be based on the answers to this section. Provide comments that highlight strengths or challenges related to specific practices, systemic issues, or resources that affected this section in the narrative field provide.

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OER Plus SUPPLEMENTAL QUESTIONS

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**SECTION II: Transition Planning**

Case review and interviews with any stakeholder scheduled for an interview

- 1 During the PUR, is there evidence that the family/youth experienced or will experience a transition or change? (see the QbyQ for definition of "transition")
  - a. Select the types of transition/change the family/youth has/will experience (see QbyQ: select as many as applicable): \_\_\_\_\_

Please DESCRIBE the transition(s)/change(s):

- 2 Was/Is there evidence of a formal or informal plan to prepare and support the family/youth through the transition/change successfully?

- 3 Was/Is the formal or informal plan trauma-informed?

- 4 Was/Is the formal or informal plan developed by the family/youth with the agency?

- 5 Does the formal or informal plan address the stressors and other factors that may negatively impact the success of the transition?
 

If No, provide your rationale here:

#	Y	N	NA
1.			
1a.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			

**SECTION II (Transition Planning) RATING:**

Regardless of the section rating response, include a detailed rationale narrative below that supports the section rating. The narrative should be based on the answers to this section. Provide comments that highlight strengths or challenges related to specific practices, systemic issues, or resources that affected the section in the narrative field provide.

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**OER PLUS SUPPLEMENTAL QUESTIONS**

**DRAFT**

**SECTION III: Supervision**

*Review the SACWIS file, Hard File and conduct interviews with the CW (and Supv.?)*

III.A Has the assigned supervisor completed MOSP training?

1. During the PUR, is there evidence that formal and/or informal supervision occurred on this case?
2. During the PUR, is there documentation of supervision on this case?
3. During the PUR, what was the pattern of documented supervision? (See QbyQ for code options)
4. During the PUR, is there evidence that the supervision provided on this case was clinical in nature?
  - 4a. During the PUR, is supervision that is clinical in nature documented in the case file?
  - 4b. During the PUR, did the amount of supervision that is clinical in nature match the needs of the case?

Q#	Y	N	NA
III.A			
1.			
2.			
3.			
4.			
4a.			
4b.			

**SECTION III (Supervision) RATING:**

Regardless of the section rating response, include a detailed rationale narrative below that supports the section rating. The narrative should be based on the answers to this section. Provide comments that highlight strengths or challenges related to specific practices, systemic issues, or resources that affected this section in the narrative field provide.

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OER Plus SUPPLEMENTAL QUESTIONS

**DRAFT**

**Section IV: FOCUSED QUESTIONS**

*For special/targeted reviews*

- 1.
- 2.
- 3.
- 4.
- 5.
- 6.

Q#	Y	N	NA
1.			
2.			
3.			
4.			
5.			
6.			

**SECTION IV (Focused Questions) RATING:**

Regardless of the section rating response, include a detailed rationale narrative below that supports the section rating. The narrative should be based on the answers to this section. Provide comments that highlight strengths or challenges related to specific practices, systemic issues, or resources that affected this section in the narrative field provide.

**DRAFT**

## Attachment A (continued) – Question by Question

ILLINOIS FEDERAL OUTCOME ENHANCEMENT REVIEW PLUS (OERP)  
**DRAFT** QUESTION-BY-QUESTION GUIDE – CFTM Questions

CHILD AND FAMILY TEAM MEETINGS (CFTMs)		
<p><b>Purpose of Assessment:</b> To determine whether CFTMs are of good quality and are moving the case toward achievement of case goals</p> <p><b>Definitions:</b> A Child and Family Team (CFTM) is only considered a CFTM for the purposes of assessment in this item as a meeting that:</p> <ol style="list-style-type: none"> <li>1. Includes preparation with the parents/youth/teamm in advance of the meeting (to empower the parents/youth to lead their meeting, clarify who must be a part of the team at the meeting, and clarify the focus of the meeting [current and ongoing])</li> <li>2. Must be an identified team of participants (initially the parent(s)/youth, the caseworker and supervisor, formal and informal supports as identified by the parent/youth)</li> <li>3. Include discussions about the Service Plan development, progress and effectiveness, as well as who will help with what tasks (NOTE: In Immersion Site cases, there might be Wrap-Around Plans)</li> </ol> <p>A CFTM is a formal, structured meeting versus an accidental/spontaneous occurrence</p> <p>"Parents" includes custodial and/or non-custodial biological parents, legal parents/guardians, and/or primary caregivers who are not biological or legal parents OR informal supports (e.g. aunt who was caring for the child prior to foster care). This arrangement of people can be different for each case; the reviewer must determine who is appropriate for consideration.</p> <p>"youth" means a child who is age and developmentally appropriate to participate in CFTMs; in particular, reviewers should consider youth with permanency goals of Independence (27) or Continuing Foster Care (29?) who are approaching adulthood. These youth should be engaged and supported as leaders of their CFTMs.</p> <p><b>Applicable Cases:</b> All foster care and intact cases selected for review are applicable for these questions, unless they are open less than 14 days. ⇒ <i>Select X (Not Applicable) for all questions if the foster care or intact case is open less than 14 days or it is an investigation or ESSP case.</i></p>		
<p><b>Q#</b></p> <p><b>Question</b></p>	<p><b>Intent and Instructions</b></p>	<p><b>Where to Find</b></p> <p><b>Rule/ Procedure</b></p>
<p><b>1A</b></p> <p>Has the assigned caseworker been approved as a CFTM Facilitator?</p>	<ul style="list-style-type: none"> <li>• Answer this question Yes or No (only). Answer this question based on the interview with the caseworker – reviewers must determine from the caseworker whether he/she has been approved as a CFTM facilitator.</li> </ul> <p>⇒ <i>Regardless of the answer, the reviewer will continue to answer remaining questions in this section, following the guidance in this ObvQ.</i></p>	<ul style="list-style-type: none"> <li>• SACOWS</li> <li>• Contact CFTM Notes</li> <li>• Interview WS</li> </ul>
<p><b>1B</b></p> <p>During the PWR, have there been any CFTMs (as defined by the ObvQ) on this case?</p>	<ul style="list-style-type: none"> <li>• Only answer Yes to this question if meetings meet the definition above</li> </ul> <p>⇒ <i>If meetings do NOT meet the definition above, answer this question No and select NA for all remaining questions in this section.</i></p>	
<p><b>Q#</b></p> <p><b>Question</b></p>	<p><b>Intent and Instructions</b></p>	

Illinois Department of Children and Family Services  
2015-2019 Final Report

ILLINOIS FEDERAL OUTCOME ENHANCEMENT REVIEW PLUS (OERP)  
**DRAFT QUESTION-BY-QUESTION GUIDE - CFTM Questions**

<p><b>1a</b></p> <p>For initial CFTMs that occurred during the PUR, did the worker make concerted efforts to: Convene a "prep meeting" with parents/youth?</p>	<p>⇒ The Preparation Meeting ("prep meeting") is one of the most important events in the Child and Family Team Meeting process. It is during the preparation meeting that engagement with the family begins. Here the facilitator helps parents identify their outcomes and define their team; helps the team members determine if they are ready, willing, and able to participate on the team and what role they will play in the team process; and identifies any barriers to contributing toward outcomes.</p> <p>⇒ The purpose of the preparation meeting (prep) is to get to know the family, explain the CFTM process to the family, and plan for CFTMs. A sufficient amount of time must be spent obtaining, and listening to, the family story.</p> <p>⇒ An in-person preparation meeting with the parents, child, or caregiver is held prior to the first actual CFTM. When the facilitator is not the assigned Permanency Worker, the Permanency Worker attends the preparation meeting with the Facilitator. The Supervisor and co-facilitator of the case are encouraged to attend as well. All efforts should be made to expand the team as appropriate and determined by the team.</p> <p>⇒ After reaching agreement with the parents and child about the date, time, location and participants of the Child and Family Team Meeting, the Permanency Worker shall send a confirmation letter to the parents and invitations to all participants. The Permanency Worker shall document in a contact note all scheduled Child and Family Team Meetings, all efforts to include parents in the meetings, the participants at each meeting, and a summary of any CFTM plans developed at these meetings.</p> <ul style="list-style-type: none"> <li>Information learned at the preparation meeting is documented in a Contact Note. Notes should include, but are not limited to:             <ul style="list-style-type: none"> <li>Family story (description of childhood, losses or other traumatic events, family successes)</li> <li>Desired outcomes</li> <li>Identified team members</li> <li>Meeting date, time and location</li> </ul> </li> <li>Determine whether the agency has made concerted efforts to ensure that the "prep meeting" included:             <ul style="list-style-type: none"> <li>Reviewing the proposed initial CFTM agenda,</li> <li>Supporting the parents/youth to identify members of the CFTM (formal &amp; informal supports), and</li> <li>Empowering the parents/youth to lead the CFTM process.</li> </ul> </li> <li>Concerted efforts include engaging the parents/youth in understanding the purpose of the prep meeting, scheduling of the prep meeting, and making good faith attempts to make sure the meeting happens.             <ul style="list-style-type: none"> <li>⇒ Answer NA to this question (for the OER) if the first CFTM occurred prior to the PUR (because the "prep meeting" only happens once, before the 1st meeting)</li> <li>⇒ Answer NA if no parents/youth are available despite diligent searches/efforts to locate and involve them</li> <li>⇒ Answer NA if the answer to question 1b is No</li> </ul> </li> </ul>
<p><b>1b</b></p> <p>For initial CFTMs that occurred during the PUR, did the worker make concerted efforts to: Convene a "prep meeting" with formal and informal support members of the team?</p>	<ul style="list-style-type: none"> <li>Determine whether the agency has made concerted efforts to ensure that a "prep meeting" with formal and informal support members included:             <ul style="list-style-type: none"> <li>Explaining the CFTM process</li> <li>The importance of their participation and support of the parents/youth</li> <li>Their role in the meeting</li> </ul> </li> <li>Formal would include service providers; informal would include friends, family, religious leaders, coaches, etc.</li> </ul>
<p><b>Q#</b></p>	<p><b>Question</b></p>
	<p><b>Intent and Instructions</b></p>

Illinois Department of Children and Family Services  
2015-2019 Final Report

ILLINOIS FEDERAL OUTCOME ENHANCEMENT REVIEW PLUS (OERP)  
**DRAFT QUESTION-BY-QUESTION GUIDE - CFTM Questions**

2	During the PUR, have the CFTMs occurred with the frequency as determined by the family?	<ul style="list-style-type: none"> <li>To answer this question, consider all CFTMs that occurred during the PUR and determine their frequency and whether their frequency was appropriate given the involvement of the parents and the circumstances of the case.</li> <li>DCTS Procedure 315.105 identifies the following minimum frequency requirements for CFTMs but CFTMs can happen more frequently, as driven by the family:             <ul style="list-style-type: none"> <li>14 Days: The Initial Child and Family Team Meeting shall be held approximately 14 days after protective custody of a child is taken (see Procedures 315.110).</li> <li>40 Days: The 40-Day Child and Family Team Meeting shall be conducted approximately 40 days from protective custody, in order to review the results of the Integrated Assessment and CANS, and develop an Initial Service Plan (see Procedures 315.115).</li> <li>Quarterly: Child and Family Team Meetings shall be held at regular intervals throughout life of the case (approximately every 90 days) (see Procedures 315.120).</li> <li>30 Days Before Reunification/Case Closure: A Child and Family Team Meeting must be held approximately 30 days prior to reunification and/or case closure to develop the After-Care Service Plan (see Procedures 315.125).</li> </ul> </li> <li>DCTS has contracted with the Child Welfare Policy &amp; Practice Group (aka CWG) to train all permanency staff on their CFTM model. The model values the focus on the family/youth as the drivers of the process, so the frequency is determined by them. CFTMs in this model can occur as frequently as the family/youth directs, however they must happen at least quarterly (if the family/youth suggests a frequency less than quarterly, the caseworker will step in and advise that the team needs to meet at least quarterly).</li> <li>Answer Y if documentation and interviews suggest that the CFTMs are occurring with the frequency that was appropriate given the involvement of the parents/youth and the case dynamics</li> <li>Answer N if documentation and interviews suggest that CFTMs occurred less than quarterly</li> <li>Answer NA if the answer to question IB is No</li> </ul>
3	For the CFTMs that have occurred during the PUR, have the CFTMs occurred in the location that is the preference of the parent/youth, whenever possible?	<ul style="list-style-type: none"> <li>If the answer to this question is "No," the reviewer is asked to write a narrative explanation for why CFTMs have not occurred in the location that was the preference of the parent/youth.</li> <li>Answer NA if the answer to question IB is No</li> </ul>
4	During the PUR, have the parent(s)/youth felt that they were engaged in the CFTM process?	<ul style="list-style-type: none"> <li>For this question, examples of feeling "engaged" can include:             <ul style="list-style-type: none"> <li>The family feels they are treated respectfully,</li> <li>The caseworker is responsive to family's cultural/racial identity,</li> <li>The family feels they are an equal part of the team,</li> <li>The family feels that their voice and opinions are heard and considered (i.e., their story is important),</li> <li>The family feels that they are a part of decision-making.</li> </ul> </li> <li>The family feels that they are encouraged to identify individuals who they feel are supportive of them and important to them,</li> <li>The family feels that they are able to explain why their case is open and what needs to happen in order to close the case,</li> <li>The family feels that accommodations are made to support their participation at the meetings, etc.</li> <li>Answering this question will likely be dependent on information learned through interviews.</li> <li>Answer NA if the answer to question IB is No</li> </ul>
5	Have the results of formal assessments been shared with the parents/youth in CFTMs?	<ul style="list-style-type: none"> <li>Types of formal assessments include any and all assessments involving any member of the family e.g., IAS, ongoing comprehensive assessments, CANS, service provider assessments, 0-3 assessments, substance abuse/domestic violence/mental health assessments, etc.</li> <li>Answer NA if the answer to question IB is No</li> </ul>
QH	Question	Intent and Instructions

Illinois Department of Children and Family Services  
2015-2019 Final Report

ILLINOIS FEDERAL OUTCOME ENHANCEMENT REVIEW PLUS (OERP+)  
**DRAFT QUESTION-BY-QUESTION GUIDE - CFTM Questions**

6	During the PUR, have the parent(s)/youth felt that they were actively involved in the creation of the service plan?	<ul style="list-style-type: none"> <li>For this question, consider whether the family was actively involved in the:               <ul style="list-style-type: none"> <li>Identification of the service plan goals; and</li> <li>In determining appropriate services to achieve goals</li> </ul> </li> </ul> <p>⇒ Answer NA if the answer to question 1B is No</p>
7	Does information shared in CFTMs result in changes to the service plan itself, as appropriate?	<ul style="list-style-type: none"> <li>The service plan may not change after every CFTM, but when there are critical changes in the family dynamics, need for a change in services, or newly identified barriers to achieving service plan goals, the service plan should be updated to reflect these changes.</li> </ul> <p>⇒ Answer NA if the answer to question 1B is No</p>
8	Following CFTMs that occurred during the PUR, did the parents/youth understand what had to happen next (after a CFTM)?	<ul style="list-style-type: none"> <li>For this question, we are looking for what the parents/youth understand coming OUT of a CFTM versus going in (or a CFTM). We want to determine whether they understand their tasks following a CFTM in preparation for the next CFTM.</li> </ul> <p>⇒ Answer NA if the answer to question 1B is No</p>
9	Are the CFTMs being used to develop an after-care plan to ensure sustainability of permanency/case closure?	<ul style="list-style-type: none"> <li>Ask the CW where the case is in terms of closure/reunification. If the case is approximately 3 months from anticipated reunification/closure – or already closed – answer this question.</li> <li>Identify linkages to community resources and support</li> </ul> <p>⇒ Answer NA to this question (or the OER) if the case is not nearing closure</p> <p>⇒ Answer NA if the answer to question 1B is No</p>

**OVERALL RATING**  
**Child & Family Team Meetings**

<b>RATING INSTRUCTIONS:</b>		
<p><b>Rate a "Strength" (S) if:</b></p> <ul style="list-style-type: none"> <li>Questions 1a - 9 are all answered Yes or N/A</li> </ul>	<p><b>Rate an "Area Needing Improvement" (ANI) if:</b></p> <ul style="list-style-type: none"> <li>Any of the questions 1a - 9 are answered No</li> </ul>	<p><b>Rate a "Not Applicable" (N) if:</b></p> <ul style="list-style-type: none"> <li>It is a foster care or intact case that is open less than 14 days; or it is an investigation or EFSO case</li> <li>Answer NA if the answer to question 1B is No</li> </ul>
<p><i>Regardless of your response, include a detailed rationale narrative that supports the section rating. The narrative should be based on the answers to this section. Provide comments that highlight strengths or challenges related to specific practices, systemic issues, or resources that affected this section in the narrative field provide.</i></p>		

Illinois Department of Children and Family Services  
2015-2019 Final Report

ILLINOIS FEDERAL OUTCOME ENHANCEMENT REVIEW PLUS (OER Plus)  
**DRAFT** QUESTION-BY-QUESTION GUIDE – Transition Planning Questions

TRANSITION PLANNING			
Q#	Question	Where to Find	Rule/Procedure
<p><b>Purpose of Assessment:</b> To determine whether transitions/changes that a family/youth will or may experience are being planned for to ensure successful adjustment before, during and after the transition/change.</p> <p><b>Definitions:</b> Transitions/changes for this Section can be positive or negative, and include:  <b>Systemic:</b> Changes in caseworkers, agencies, service providers/therapists, etc.  <b>Placement:</b> Changes in placement settings whether lateral, step up or step down  <b>Permanency:</b> Achievement of Return Home, Adoption, Guardianship, Independent Living, Adult Services  <b>Familial:</b> Death, birth, change in relationship status, moves, relapses, etc.</p> <p><b>Applicable Cases:</b> All substitute care and initial cases selected for review are applicable for these questions, unless there hasn't been sufficient time to assess for upcoming transitions (i.e., a new case). Additionally, if the reviewer determines that the family/youth has not or will not experience a transition/change during the PUR, Q1 is answered No and the remaining questions are answered NA.</p>			
1	During the PUR, is there evidence that the family/youth experienced or will experience a transition or change?	<ul style="list-style-type: none"> <li>• SACWIS</li> <li>• Contact CFTM Notes</li> <li>• Assessments</li> <li>• Plans</li> <li>• Interviews</li> </ul>	P315 P302, & Appendices M & N
<b>Intent and Instructions</b>			
1a	Select the types of transition/change the family/youth has/will experience	<ul style="list-style-type: none"> <li>• See definition of "transition/change" above.</li> <li>• "Evidence" is not limited to documentation</li> <li>⇒ <i>If "No," all other questions are NA</i></li> <li>⇒ <i>If "Yes," all other questions are NA</i></li> <li>• Select as many codes as are applicable (see <b>Definitions above</b> for examples for each of the below categories):                             <ul style="list-style-type: none"> <li>A-Systemic</li> <li>B-Placement</li> <li>C-Permanency</li> <li>D-Familial</li> </ul> </li> <li>⇒ <i>Use the Narrative Box to DESCRIBE the transition(s)/change(s)</i></li> </ul>	
2	Was/is there evidence of a formal or informal plan to prepare and support the family/youth through the transition/change successfully?	<ul style="list-style-type: none"> <li>• Preparing and supporting the family/youth can include: ongoing discussions with the family/youth before, during and after the transition/change; consideration of whether the agency evaluated any history of difficult transitions or placement changes, and how that information is/was used in the development of the formal or informal plan.</li> <li>• "Evidence" is not limited to documentation</li> <li>• A trauma-informed formal or informal plan would identify, intervene, and mitigate the effects of adverse and traumatic experiences of children, and supports efforts to reduce, if not alleviate, secondary trauma experienced.</li> <li>• In order to answer this question, the reviewer will want to know what is the nature of the primary trauma the youth experienced, and how the caseworker is best positioning the youth to move forward positively, given his/her trauma experience.</li> <li>• The reviewer will also have to know about what secondary traumas can be expected to see prevented.</li> <li>• A trauma-informed plan would take action to support recovery from the primary trauma, and prevent secondary trauma</li> </ul>	
3	Was/is the formal or informal plan trauma-informed?		

Illinois Department of Children and Family Services  
2015-2019 Final Report

ILLINOIS FEDERAL OUTCOME ENHANCEMENT REVIEW PLUS (OER Plus)

**DRAFT QUESTION-BY-QUESTION GUIDE – Transition Planning Questions**

Q#	Question	Intent and Instructions
4	Was/is the formal or informal plan developed by the family/youth with the agency?	<ul style="list-style-type: none"> <li>The emphasis here is that the family/youth voice directed the substance and content of their own transition plan, which was supported by the agency.</li> <li>This planning could happen in the context of a CFTM, or it could happen less formally.</li> </ul>
5	Does the formal or informal plan address the stressors and other factors that may negatively impact the success of the transition?	<ul style="list-style-type: none"> <li>Evaluate the consideration of stressors and other factors in the planning, i.e.: no suitcase to carry clothes from one placement to another, or to a camp or extended visit/respite care; a child cannot return to a previous foster home to collect important personal belongings; providing closure for a family/youth when a placement change occurs or a therapist is leaving, etc.: a member of the family/the child has mental health concerns that may trigger a negative reaction to the transition/change if not accounted for in the planning.</li> </ul>
6	Does the formal or informal plan include the involvement of an ongoing support system for the family/youth?	<ul style="list-style-type: none"> <li>Ongoing support system can include persons identified by the family/youth and can include community resources and supports identified by the family and/or the agency to support a successful adjustment to the transition/change.</li> </ul>
7	Was/is the formal or informal plan being implemented?	<p>⇒ <i>If the formal/informal plan not being implemented at all in any way, answer this question No.</i></p> <ul style="list-style-type: none"> <li>This question is inclusive of the After Care Service Plan but not limited to a document. Comprehensive after-care planning should begin at the start of a case and continue throughout the life of the case.</li> <li>After care planning should include the identification of services and information on how to access those services, and instructions for how to contact the agency should the need arise.</li> <li>The After Care Service Plan shall include:             <ul style="list-style-type: none"> <li>A description of any recommended services identified by reason, type, frequency and provider;</li> <li>A plan for obtaining the services, including a list of referrals;</li> <li>Instructions directing the family to contact the Permanency Worker if the family requires services; and</li> <li>A revised Visitation and Contact Plan, if applicable.</li> </ul> </li> </ul> <p>⇒ <i>Answer NA if the permanency goal is NOT return home, guardianship or adoption</i></p>
8	If the transition is achievement of permanency (Return Home, Adoption or Guardianship), was/is there a comprehensive after-care plan that supports the family/youth to live safely outside of the system long-term?	<ul style="list-style-type: none"> <li>This question is inclusive of the Youth Driven Transition Plan (CFS 2032-1) but not limited to a document. Comprehensive transition planning should begin at the start of a case and continue throughout the life of the case. Transition planning should be youth driven and include establishing a supportive network the youth can rely on and provide relational permanence as he/she transitions to adulthood and leaves DCFS guardianship. In addition, the transition planning should include plans related to education, vocation and/or employment, independent living skills, meeting continuing health needs and obtaining/maintaining health insurance, food management, transportation, community resources, recreation, social and family, housing, financial, pregrant and parenting, clinical service needs, legal, safety, and identification of any barriers to successful emancipation.</li> <li>"Relational permanence" considers supportive relationships and connections to individuals youth can look to for assistance, guidance, encouragement and membership.</li> </ul> <p>⇒ <i>Answer NA if the permanency goal is NOT Independence or Continuing Foster Care, and the youth does not qualify for transition to DHS upon obtaining the age of 22</i></p>
9	If the transition involves Independence or Continuing Foster Care, was/is there a qualitative transition plan being implemented to support the youth long-term, post-discharge?	<ul style="list-style-type: none"> <li>This question is inclusive of the Youth Driven Transition Plan (CFS 2032-1) but not limited to a document. Comprehensive transition planning should begin at the start of a case and continue throughout the life of the case. Transition planning should be youth driven and include establishing a supportive network the youth can rely on and provide relational permanence as he/she transitions to adulthood and leaves DCFS guardianship. In addition, the transition planning should include plans related to education, vocation and/or employment, independent living skills, meeting continuing health needs and obtaining/maintaining health insurance, food management, transportation, community resources, recreation, social and family, housing, financial, pregrant and parenting, clinical service needs, legal, safety, and identification of any barriers to successful emancipation.</li> <li>"Relational permanence" considers supportive relationships and connections to individuals youth can look to for assistance, guidance, encouragement and membership.</li> </ul> <p>⇒ <i>Answer NA if the permanency goal is NOT Independence or Continuing Foster Care, and the youth does not qualify for transition to DHS upon obtaining the age of 22</i></p>

Illinois Department of Children and Family Services  
2015-2019 Final Report

ILLINOIS FEDERAL OUTCOME ENHANCEMENT REVIEW PLUS (OER Plus)

**DRAFT** QUESTION-BY-QUESTION GUIDE – Transition Planning Questions

Q#	Question	Intent and Instructions
10	<p>If the transition involves a youth/adult with special needs leaving the care of DCF, was/is there a qualitative transition plan being implemented to support the youth (long-term, post-discharge)?</p>	<ul style="list-style-type: none"> <li>This question is inclusive of the Youth Driven Transition Plan (CFS 2032-1) but not limited to a document. Comprehensive transition planning should begin at the start of a case and continue throughout the life of the case.</li> <li>This question applies to youth/adults with special needs in DCF's care up until their 22<sup>nd</sup> birthday.</li> <li>When the child welfare worker determines, or has reason to believe, that a youth for whom the Department is legally responsible may be unable to fully manage on his or her own or manage his or her estate without ongoing supports, the child welfare worker must ensure that adult developmental services (generally through the Department of Human Services) and/or adult guardianship are in place prior to the youth's discharge from care.</li> <li>Transition planning for youth/adults for whom the Department is legally responsible should lead to reduced need for services and increased capacity for independent functioning, economic self-sufficiency, and community integration. Skill areas include but are not limited to: personal care, simple food preparation, safety precaution, use of public transportation, basic money management, and vocational training and placement.</li> </ul> <p>⇒ Answer NA if the youth/adult does NOT have special needs requiring the support of DHS</p>
<p><b>OVERALL RATING</b> Transition Planning</p>		
<p><b>RATING INSTRUCTIONS:</b></p>		
<p><b>Rate a "Strength" (S) if:</b></p> <ul style="list-style-type: none"> <li>All questions are answered Yes or N/A</li> </ul>	<p><b>Rate an "Area Needing Improvement" (ANI) if:</b></p> <ul style="list-style-type: none"> <li>Any of the questions are answered No</li> </ul>	<p><b>Rate a "Not Applicable" (N) if:</b></p> <ul style="list-style-type: none"> <li>There hasn't been sufficient time to assess for upcoming transitions, OR</li> <li>The family/youth has not or will not experience a transition/change during the PWR</li> </ul>
<p><i>Regardless of your response, include a detailed, rationale/narrative that supports the section rating. The narrative should be based on the answers to this section. Provide comments that highlight strengths or challenges related to specific practices, systemic issues, or resources that affected this section in the narrative field provide.</i></p>		

Illinois Department of Children and Family Services  
2015-2019 Final Report

ILLINOIS FEDERAL OUTCOME ENHANCEMENT REVIEW (OER)  
**DRAFT** QUESTION-BY-QUESTION GUIDE - Supervision Questions

SUPERVISION				
Q#	Question	Intent and Instructions	Where to Find	Rule/Procedure
	<p><b>Purpose of Assessment:</b> To determine through case file review and interviews with the caseworker and supervisor whether supervision is occurring, is clinical in nature, is documented, and does the documentation accurately reflect what is happening on a case.</p> <p><b>Definitions:</b> Supervision that is <b>clinical in nature</b> is defined as providing guidance designed to support the work that caseworkers do with children and families. Supervision that is clinical in nature focuses on reviewing the caseworkers' engagement of the family, assessment and service provision in relation to safety, permanency and well-being. Supervision that is clinical in nature also supports and guides decision-making about facilitating case plan goals in order to achieve timely outcomes.</p> <p><b>Applicable Cases:</b> All investigation, foster care and intact cases selected for review are applicable for these questions. ⇒ <i>Select X (Not Applicable) for all questions if the case is an EFSP case.</i></p>			
III A	Has the assigned supervisor completed MOSP training?	<ul style="list-style-type: none"> <li>Answer this question Yes or No (only). Answer this question based on the interview with the caseworker and/or supervisor – reviewers must determine from interviews whether the supervisor has completed the Model of Supervisory Practice (MOSP) training.</li> <li>Regardless of the answer, the reviewer will continue to answer remaining questions in this section, following the guidance in this QBPQ.</li> </ul>	<ul style="list-style-type: none"> <li>SACWIS</li> <li>Contact CFTM Notes</li> <li>Interviews</li> </ul>	P315
1	During the PUR, is there evidence that formal and/or informal supervision occurred on this case?	<ul style="list-style-type: none"> <li>This question is not limited to documentation of supervision, and is not limited to formal sit-down case-by-case supervision</li> <li>Interviews are key when determining the answer to this question</li> <li>Formal and/or informal supervision includes case-specific direction and/or guidance provided by the caseworker's supervisor (or other supervisors/managers in the absence of the supervisor)</li> <li>Do not include administrative or professional development supervisory activities in this answering this question as those are not typically case-specific</li> <li>Do not consider the frequency of supervision when answering this question (asked in Q#5)</li> </ul>		
2	During the PUR, is there documentation of supervision on this case?	<ul style="list-style-type: none"> <li>Answering this question is limited to what documentation of supervision is observed in SACWIS and possibly in the hard file</li> <li>Do not answer this question based on the QUALITY of supervision, as that is asked in other questions</li> <li>Do not consider the frequency of supervision when answering this question</li> </ul>		
3	During the PUR, what was the pattern of documented supervision?	<ul style="list-style-type: none"> <li>Determine the overall pattern of documented supervision during the ENTIRE PUR.</li> <li>Insert the corresponding letter on the tool:                             <ul style="list-style-type: none"> <li>A) Weekly</li> <li>B) Twice per month</li> <li>C) Monthly</li> <li>D) Less than monthly but more than quarterly</li> <li>E) Quarterly</li> <li>F) Less than Quarterly</li> <li>G) Never</li> </ul> </li> <li>Consider the needs of the case versus what procedure suggests</li> <li>⇒ Answer NA if there are no supervision notes documented in the SACWIS/hard file</li> </ul>		

Illinois Department of Children and Family Services  
2015-2019 Final Report

ILLINOIS FEDERAL OUTCOME ENHANCEMENT REVIEW (OER)  
**DRAFT QUESTION-BY-QUESTION GUIDE - Supervision Questions**

Q#	Question	Intent and Instructions
4	During the PUR, is there evidence that the supervision provided on this case was clinical in nature?	<ul style="list-style-type: none"> <li>See the definition above to guide answering this question.</li> <li>If the supervision meets the definition above, answer this question Yes.</li> <li>This question is <b>not</b> limited to documentation of supervision</li> <li>Do not consider the frequency of supervision when answering this question</li> </ul>
4a	During the PUR, is supervision that is clinical in nature documented in the case file?	<ul style="list-style-type: none"> <li>Answering this question is limited to what documentation of supervision is observed in SACWIS and possibly in the hard file</li> <li>Frequency IS considered when answering this question. For example, if there is one or two documented clinical supervision notes in the case file during the entire PUR, the answer to this question would likely be "No."</li> <li>If the reviewer is observing the same general supervisory note duplicated over time with little to no substantive change, answer this question "No."</li> </ul> <p>⇒ Answer NA if there is no evidence of supervision that is clinical in nature documented in the SACWIS/hard file</p>
4b	During the PUR, did the amount of supervision that is clinical in nature match the needs of the case?	<ul style="list-style-type: none"> <li>This question is <b>not</b> limited to documentation of supervision</li> <li>Answering this question is not based solely on frequency; rather it is inclusive of the varying needs of the case over time.</li> <li>For example, a case may become more complicated or approaching permanency and require additional clinical supervisory support and guidance assist the caseworker and family achieve goals. Similarly, a case may become stable and require less intensity. Families do not stay the same over time, the needs of a case worker similarly vary, and the supervisor is key in supporting any change.</li> </ul> <p>⇒ Answer NA if there is no evidence of supervision that is clinical in nature documented in the SACWIS/hard file</p>
<b>OVERALL RATING</b> Supervision		
<p><b>RATING INSTRUCTIONS:</b></p> <p><b>Rate a "Strength" (S) if:</b></p> <ul style="list-style-type: none"> <li>All questions 1-4b are answered Yes or N/A</li> <li>Does not matter how IIA is answered</li> </ul> <p><b>Rate a "Strength" (S) if:</b></p> <ul style="list-style-type: none"> <li>All questions 1-4b are answered Yes or N/A</li> <li>Does not matter how IIA is answered</li> </ul> <p><b>Rate a "Strength" (S) if:</b></p> <ul style="list-style-type: none"> <li>All questions 1-4b are answered Yes or N/A</li> <li>Does not matter how IIA is answered</li> </ul> <p><i>Regardless of your response, include a detailed rationale/narrative that supports the section rating. The narrative should be based on the answers to this section. Provide comments that highlight strengths or challenges related to specific practices, systemic issues, or resources that affected this section in the narrative field provide.</i></p>		